# The RHODE ISLAND MEDICAL JOURNAL

VOL. XXXIII

JUNE, 1950

NO. 6

### **ELABORATION IN MEDICINE\***

PETER PINEO CHASE, M.D.

The Author. Peter Pineo Chase, M.D., of Providence. President, Rhode Island Medical Society, 1949-50; Editorin-Chief, Rhode Island Medical Journal.

THERE is a well-known story of Calvin Coolidge going to church and on returning home reporting that the minister talked about sin. On Mrs. Coolidge asking details regarding the argument her husband replied that the preacher was agin it. It is easy to hold the sympathy of your audience when you take such a safe ground. I have set myself a more awkward task. I am talking against the use of good things.

In doing this, I am following the thought of a certain Bishop of London who said, "Few do more harm than those who go about doing good." We all ought to know that too much of a good thing is a bad thing. That, to my mind, is a serious mistake in modern medicine.

To simplify the argument, I am going to emphasize one aspect, the financial. I might as well admit at once that I am a reactionary. I do not believe that bureaucratic control of medicine will be good and I rather think that at present most of you feel that way. The principal plea for it seems to be that the increasing cost of medicine is more than we can handle and we will have to let the government pay the bills. I think you are rapidly forcing this result by your extravagant ways, many of which could reasonably be curtailed. Let us consider a few details.

A constant stream of literature flows into our offices from the big companies supplying the tools of our trade. I suspect that I read more than the average doctor but I must admit that the major part of this is never read by me. Yet much of it is of the highest quality, illustrated by good artists and written, undoubtedly, by able men. The cost of one of the most elaborate issues must sometimes run into

\*Presidential Address delivered at the 139th Annual Meeting of the Rhode Island Medical Society, at Providence, R. I., May 11, 1950.

dollars, and there are 150,000 of us in the United States receiving this. All of this of course, must ultimately be added to the high cost of medical care.

What is worse to my mind is its effect on the profession. Most of you are smoking your heads off, not because cigarettes are so delightful, but because you are helpless under the pressure of high-powered advertising. Similarly, you are using the vitamins, the hormones, the latest and most expensive antibiotics in enormous amounts long before they have scientifically proven their worth.

### Ramifications of Investigation

Two years ago, Dr. Samuel Levine gave a talk before the Providence Medical Association, in which he pointed out that with good judgment a physician can handle a large proportion of his cases with a minimum amount of expensive investigation. I don't know how many laboratory investigations can be made in a well-equipped, modern hospital. I asked the head of the largest laboratory and he couldn't tell me. There are too many of them. I am astounded at the number of such procedures done on the usual case presented before medical grand rounds. The expense frequently must run into hundreds of dollars.

Now Dubos, in his recent *Life of Louis Pasteur*, pointed out that this genius did not blindly go ahead with every possible experiment. His greatness lay largely in the fact that he shrewdly surmised what procedures could possibly get the best and quickest information. Of course, Pasteur did not always hit it on the head and he had to keep trying. But with the slender resources at his command, he could not afford to work without discrimination.

Our internes and residents learn all about the vast ramifications of medicine. I fear that they get exalted ideas of what constitutes a reasonable amount of investigation. When I send a private patient into the hospital, I am usually disturbed at the carefree way in which his pocketbook is treated.

Some years ago, I operated upon a patient for cancer of the tongue. He died promptly of coronary disease. I had no electro-cardiogram and when the record was discussed probably I was criticized for not making a full investigation. Yet I knew from the history that he had had coronary disease and still felt justified in removing a mouth cancer at great risk.

How many hospital patients with really serious disease now escape the use of vitamins, hormones, large amounts of intravenous fluids, and enormous amounts of the latest and most expensive antibiotics? Dr. Brunschwig did a number of his tremendous operations in Vienna several years ago. He had access to almost none of these popular, modern agents. He reported that he was surprised to find how well his patients did without them.

The most thorough, painstaking study of vitamins I have seen so far did not support at all the extensive use of them, which is now prevalent. One of the brightest appearing vistas of which we are now getting glimpses ahead of us is the use of hormones. Nevertheless, these hopes and the modern use of hormones are at present far, far ahead of their proven value.

Dr. Gamble, certainly a pioneer in the study of body fluids, has deplored to me the overuse of intravenous fluids. Rarely have I heard a case criticized for the insufficient amount of fluids used.

### Use of Antibiotics

Dr. Howe, formerly an interne at Rhode Island Hospital and now doing brilliant work at the Massachusetts Memorial Hospital in Boston, read a paper before the New England Surgical Society on the use of antibiotics. His conclusions were that they were being used frequently without proper indications and in excessive amounts at unnecessarily large costs.

Even Dr. Keefer, speaking before the Rhode Island Dental Society recently, suggested that antibiotics were often being used without discrimination. One of our best known practitioners just told me that he had a case of the prevailing epidemic of influenza or grippe and, at the suggestion of another able man, he ordered chloromycetin for the patient. A few days later she pushed a bill into his hands and said, "Here, you can pay this yourself." The amount was \$30. Now according to Dr. Smith, there have been thousands of cases of this sickness in the community. The morbidity was slight; the mortality almost nil; and the worth of chloromycetin is certainly not well-proven as yet in such conditions.

We are getting reports now of penicillin-resistant strains of gonococci, of the serious growth of monilia and other fungi, of adverse effects on patients, following the use of penicillin, streptomycin, and aureomycin. All this suggests caution in the use of these valuable agents.

When Dr. Oliver Wendell Holmes returned from studying with Louis in Paris, he stated concisely what he thought he had learned. One thing which he said, seemed wise to me. I doubt if many physicians are impressed by it. "I learned not to think that I must give medicine because a patient is sick." Another remark of Dr. Holmes' was that the advent of homeopathy in the old days did good, not because of the worth of the system itself, but because it put a check on the tremendous overdosing that the regular physician did in those days. Now if over-dosing was bad with those impotent drugs, how much worse it is today with our modern, powerful agents capable of great good, and equally great harm.

### Age of Specialization

This is an age of specialization. None of us have specialized more closely than Harvey Cushing. He said, "No one can be a good physician who has no idea of surgical operations and a surgeon is nothing if ignorant of medicine. It would be an admirable thing if every student before his graduation be required, under the control and supervision of his teachers or the district physician of the community, to engage in an actual house-to-house practice."

When physicians of my age started, practically every specialist in the community had come up through general practice. I still have a great admiration for many of them.

I think that a specialist should be a counselor in all matters relating to his subject and ready to handle all the difficult cases. I don't think he should necessarily have full charge of every patient that would be considered in his domain. Take Pediatrics—In much of the country, a great deal of the pediatrics is handled by the general practitioner. I think a good general practitioner should take care of most children, and always know that he has ready to help him, highly trained men.

There was a time when we general Surgeons thought we were specialists. We now know that by modern standards we are not. A well-trained young surgeon starting in practice now, in some hospitals, can have nothing to do with the skull or its contents if they are not intact. (I once elevated a depressed fracture of the skull, bringing the patient promptly out of his convulsions). He cannot do gynecology. He cannot remove a prostate or kidney. He cannot handle a fractured bone or a dislocated joint. He cannot do a lumbar sympathectomy. He cannot give an ether anesthesia.

Dr. Beecher of the Massachusetts General Hospital recently had an editorial in a surgical magazine, warning against the modern tendency to

continued on page 296

### CORTISONE THERAPY IN RHEUMATOID ARTHRITIS\*

WILLIAM J. O'CONNELL, M.D. and FREDERIC J. BURNS, M.D.

The Authors. William J. O'Connell, M.D., Director, Medical Arthritic Clinic, and Visiting Physician, St. Joseph's Hospital. Frederic J. Burns, M.D., Physician-in-Chief, St. Joseph's Hospital.

O N April 13, 1949 Dr. Philip Hench and his associates at the Mayo Clinic published the first clinical report on the use of Cortisone Therapy in Rheumatoid Arthritis. This was the first recorded case in which the reversibility of Rheumatoid Arthritis could be produced by means of a hormonal preparation. Cortisone, or Compound E is the name given to this hormonal preparation of the Adrenal Cortex. This particular preparation was selected by Dr. Hench et al following their brilliant deduction that the remissions in Rheumatoid Arthritis observed during pregnancy or jaundice were likely due to an adrenal factor rather than a unisexual hormone or a compound related to hyperbilirubinemia. Since Dr. Hench's original work the medical world has been eagerly awaiting clinical reports on the reversibility of Rheumatoid Arthritis that have been so amazingly and dramatically brought about by means of adrenal hormone preparations. The authors are pleased to report two cases of interest at the descriptive clinical level in which Cortisone Therapy has been successfully used within a relatively short time of the first published report.

Case No. 1

A L

use

ned on-

ing

ent hat od,

er-

ent

rn.

lly

Te

is

an

a-

on

11-

se

ly

tp

a-

in

to

d

at

S

e

d

RMThe patient is a 36 year old single female who has suffered from severe Rheumatoid Arthritis for 10 years. During this length of time she has also had a generalized exfoliating psoriasis. Other than the Arthritic and Psoriatic lesions the physical examination did not reveal any pertinent or contributory physical findings. The Arthritis beginning in the fingers of the right hand had within several months progressively and severely involved the fingers of both hands, the wrists, elbows, neck and both ankles. These joints went on to progressive and advanced restriction of motion, stiffness, deformity and finally complete locking of the above joints by established rheumatoid arthritic changes. In the course of the last 3 years, nearly all other joints in the body have been involved with pain, stiffness and limitation of motion but without deformity. During the past 3 years, the patient had been unable to live much more than a wheelchair existence. She had been unable to get in and out of bed, unable to comb her hair, brush her teeth or use her arms and hands properly in order to eat. She has been able to walk only a few steps at a time, and with much needed assistance. The effort required to climb a few stairs has been such that usually the patient has needed to be carried up and down. She had been treated through the years with many symptomatic preparations including heavy doses of Salicylates, two separate courses of Gold Therapy and two courses of Sulphur Therapy without satisfactory response to any type of treatment.

She was admitted to St. Joseph's Hospital on February 1, 1950. At this time she had all of the disabilities described above and in addition the patient did not have any more than 10 to 30% function in any one joint or set of joints, and for the most part was almost completely incapacitated as far as various bodily motions were concerned. In a general way the patient complained of tiredness and a general lack of energy and ambition. She was frequently depressed and discouraged about her progressive disability and weakness.

X-rays of the various joints involved showed extensive changes of Rheumatoid Arthritis with fusion of many joints including the 2nd, 4th and 5th fingers of each hand, cervical spine, both wrists and both ankles.

Laboratory data at the time of admission showed essentially normal values relative to Rheumatic activity. Sedimentation rate 24mm in 1 hour; Cutler method 22 (normal 10); corrected Wintrobe 24; Hemoglobin 14.1 gms; R. B. C. 4,200,000; WBC 7,000; Differential: Polys 66; Lymphocytes 29; Monocytes 2; Eosinophils 3; Serum Cholesterol 227; Blood Sugar 90; Uric Acid 4.3 mgs %; Urea 10.7; Calcium 12 mgms; Phosphorous 3.0; Serum Albumin 4.68; Serum Globulin 2.34; Glucose Tolerance curves showed normal values. These data reveal normal values excepting moderate elevations of the sedimentation rates and the leucocyte count.

Cortisone Therapy was started on February 4, 1950 with an initial intra-gluteal injection of 250 mgms. Since then 100 mgms. have been given intra-gluteally daily until this writing with the exception of 6 days, representing a total of 10 weeks of therapy.

continued on next page

<sup>\*</sup>From the Arthritic Clinic and Medical Services of St. Joseph's Hospital, Providence, R. I.

On the 7th day following Cortisone therapy, the patient was for the first time able to partially move the fingers of her right hand. During this day and the day proceeding she observed several short periods which she described as "warm flushings" throughout her abdomen, and "hot flushes" inwardly. No further motion was evident until the 11th day when she noticed that she was able to roll over in bed and arise unassisted and painlessly. At the end of two weeks she was able to move the fingers of both hands so that she had some 50% of normal range of activity, and about 10% activity in the left wrist and 30% motion in the right wrist. She was also able to comb her hair with either the right or left hand. She had about a 50% improvement in motion of her neck from right to left and 25% from left to right. She had about a 2/3 improvement in internal and external rotation of the shoulder joints. At the end of three weeks, she was able to walk up and down three flights of stairs without tiring and to walk 2,000 feet of floor space repeatedly without pain or fatigue. At the end of 31/2 weeks she had further but slow improvement in all of the joints mentioned above and in addition could lie on her back in bed and could kick her feet so that her entire lower limbs could very rapidly be flexed and extended through a full 180° arc. During the entire period of observation and treatment the patient has been afebrile.

At the present writing, more than two months after the beginning of treatment the sedimentation rates have progressively fallen to the present levels of Cutler 6 and corrected Wintrobe of 0. The Cholesterol value on 4/8/50 was 177. All previously recorded laboratory tests have essentially unchanged values.

During the first three weeks there was slow but progressive improvement of the psoriatic lesions on the face and neck. All during the Cortisone therapy, there has been a gradual improvement in energy and well being. In addition the patient has not been depressed, rather she has been lighthearted, cheery and hopeful.

Case No. 2

MM The patient is a 40 year old married female with marked Rheumatoid Arthritis of both ankles, the right hand and wrist, the left shoulder and both tempero-mandibular joints of ten years duration. The onset followed a normal pregnancy and delivery. During the same ten years the patient had extensive psoriatic lesions over the abdomen and chest. The findings on physical examination were essentially limited to the joint findings and the psoriatic lesions. Her disability was such that she could walk only 10 or 12 steps because of severe pain in both ankles. She was unable to perform most of her usual household duties. She could not go up and down stairs more than once daily and

then with great difficulty. She was able to get in and out of a chair and bed only with great difficulty. She could not turn the light on over her bed. She was unable to move her fingers and wrist so that she could not write or cook without much assistance. She could not open her jaws in order to have necessary dental hygiene. She was unable to get in and out of an automobile without assistance. She always felt tired, "worn-out" and the minimal household duties fatigued her greatly. X-rays of the various joints mentioned showed marked destructive changes consistent with established Rheumatoid Arthritis.

i

0

a

tl

te

R

C

C

h

12

tl

I

h

f

C

C

e. b

it

r

h

0

e

P.

tl

fı

Laboratory data showed a Hemoglobin of 12 gms; R. B. C. 4,020,000; W. B. C. 6,700; Differential—normal distribution of cells; Sedimentation rate (Cutler) 20; corrected Wintrobe 11; Serum Cholesterol 212 mgms %; Blood Sugar 110; Urea 9.8; Uric Acid 3.0; Calcium 12.1; Phosphorous 3.2; Glucose Tolerance curves showed essentially normal values.

The patient was given 100 mgms of Cortisone intra-gluteally on March 28 and since then received 21 such doses in 24 days. Beginning with the third day of therapy she was able to walk up and down 1 flight of stairs without difficulty, and in addition was able to use the sole of her foot in coming downstairs rather than her usual method of employing the heel because of difficulty in motion at the ankle joint. Progressively from the third to the 24th day of treatment she has been able to get in and out of bed without difficulty, to pull on and off the light above her bed and the light on the kitchen ceiling. In one week she was able to get in and out of an automobile without assistance, and to walk about a block and a half without pain, discomfort or fatigue. She has had about 50% more motion in her jaws. In two weeks she was able to do some writing inasmuch as she has been able to address several letters. She has been able to use her hands very satisfactorily relative to eating her meals and can perform almost complete functions of internal and external rotation of both shoulder joints.

Beginning with the third day of treatment, the patient has been energized to such an extent that she has been up at six o'clock in the morning and performing all her daily household duties from 12 to 15 hours a day without fatigue. She has felt so energetic that she has been able to sleep only 4 or 5 hours daily and then she is very eager and cheerful to arise and start another day's activity. This activity represents conditions that never occurred either during the course of the Arthritis or before its onset.

On the twenty-fourth day of treatment, the blood sedimentation values were: Cutler 6; corrected Wintrobe 1; the Serum Cholesterol was 170. All the previously recorded values were essentially as those reported before Cortisone therapy was inaugurated.

er

ist

ch

er

ole

sthe

ly.

ed

b-

12

n-

on

m

ea

us

ly

ne

en

th

1p

nd

in

of

n

to

et

ıd

ne

et

nd

s-

re

to

le

se

er

18

er

1e

at

d

11

lt

d

S

d

From the 24th to the 32nd day of treatment, 200 mgms of Pregnenolone, orally, has been substituted for Cortisone therapy. During the use of Pregnenolone, she not only has maintained all of her previous improved joint motion but she has also noticed further motion of a slight degree in all joints that were previously improved and successively relieved by Cortisone Therapy. It is also interesting to note that she had the normal amount of pep and energy, rather than an over-compensated amount when she changed from Cortisone to Pregnenolone Therapy. It is further interesting to note that the psoriatic lesions on the body had almost completely regressed during Cortisone Therapy but returned to about 75% of the former extent and severity since changing to Pregnenolone Therapy by mouth.

### Discussion

Both of the above patients with Rheumatoid Arthritis present the type of case which before the advent of hormonal therapy, were judged to be among the most severe cases. The 3% of Rheumatoid Arthritic patients who also have Psoriasis run a much severer course than uncomplicated types of Rheumatoid Arthritis. Whereas the response to Cortisone Therapy was relatively late in onset in Case No. 1 certainly it occurred promptly in Case No. 2. It is interesting to note that Case No. 1 had a more severe Psoriasis in that it was generalized and exfoliating, whereas Case No. 2, although severe Arthritis and severe Psoriasis were present the latter was localized to the chest and abdomen. It is further interesting to note that Case No. 1 had partial clearing of psoriatic lesions only on the face and neck, while the second case had nearly complete clearing of all psoriasis present. These cases demonstrated fusion of many joints and it was considered doubtful that joints locked by clinical examination and by x-ray evidence would likely be amenable to Cortisone Therapy. It appears, however, from our results that the extent and severity of Rheumatoid Arthritic and Psoriatic lesions in combination are not barriers to satisfactory reversal of signs and symptoms by means of adrenal hormonal therapy. It is interesting to observe that Case No. 2 had an over-compensated amount of euphoria, energy and pep while on Cortisone Therapy, whereas Case No. 1 merely lost the so-called toxicity associated with Rheumatoid Arthritis in that she had a normal amount of energy. It is further noteworthy that Case No. 1 also had readily recognizable "flushing feelings" throughout the body prior to the onset of joint activity, but these were not manifest in Case No. 2. It is interesting to note that both cases had Cholesterol values at the upper limits of normal at onset of treatment, but

had Cholesterol levels that progressively dropped to the lower limits of normal at the time of this writing. This is particularly interesting, in view of the fact that the structural-chemical formula of Cholesterol, Pregnenolone and Cortisone are very similar and points out the possibility of their interchangeability within the body, possibly by some enzymatic modification. Both cases, as judged by the clinical findings, the x-ray findings and the paucity of laboratory findings, represent the so-called "burned-out cases" of Rheumatoid Arthritis or Psoriatic Rheumatoid Arthritis. It is certainly significant that the side effects of hyperadrenalism alleged necessary to reverse Rheumatoid Arthritis have not been encountered in either case.

### BIBLIOGRAPHY

Hench, P. et al The Effect of a Hormone of the Adrenal Cortex

(Compound E) and of Pituitary Adrenocorticotropic Hormone on Rheumatoid Arthritis — Proc. Staff Meeting Mayo Clinic 24:181:1949

Wassman, K. Rheumatoid Arthritis and Psoriasis — Annals of the Rheumatic Diseases 8:70:1949

Combined Staff Clinics The Adrenal Cortex — Am. Jr. Med. 7:100:1949

3rd Statewide

Cancer Conference

FOR R. I. PHYSICIANS

At the MEDICAL LIBRARY WEDNESDAY, OCTOBER 18, 1950

ON YOUR CALENDAR

OF MEDICAL MEETINGS

YOU MUST ATTEND!

### THE MONTHS AHEAD\*

R. B. ROBINS, M.D.

The Author. R. B. Robins, M.D., of Camden, Arkansas. Past President, Arkansas Medical Society; Member, AMA Co-Ordinating Committee; Professor, Medical Economics, Arkansas School of Medicine; Speaker, Congress of Delegates, American Academy of General Practice; Democratic National Committeeman from Arkansas.

I AM PROUD to be in Rhode Island. Rhode Island has given an outstanding demonstration of what can be done by the voluntary process. And at the same time it has shown to the nation that the *Independent Man* personified in stone atop your State House is very much a living personality in the hearts and minds of the thousands of people who make your State one of the leaders in spite of its small geographical position.

We, in other States, were astonished in 1944 when we read that your then Governor, Honorable J. Howard McGrath, had proposed to your General Assembly that a compulsory hospitalization insurance law be enacted. And we were heartened later that year when we read of the work done by a Voluntary Advisory Council on Health, composed of your citizens from all walks of life, which explored this compulsory proposal thoroughly, and discarded it as not the means to achieve the goals which we all seek in health care.

Industry and labor in this State responded to the challenge and proved that by their joint effort they could do a far greater job on a voluntary basis than by any other method. In 1944 you had approximately 40% of your eligible population covered through Blue Cross. Today, six years later you have 76.3% of the eligible population, and your program has the highest enrollment in the country in proportion to population.

### Surgical Plan Progresses

Your own Medical Society surgical-medical plan, started the first of this year, has had the fastest growth of any similar plan in the country, and I am informed that by the end of this month Physicians Service will have enrolled almost 50,000 subscribers,—one-seventh of your eligible population.

And since your Society has also taken a liberal viewpoint, and has endorsed a program of voluntary surgical insurance as sold by private insurance companies, your efforts to extend medical care to the people of Rhode Island are indeed to be lauded. Certainly these several efforts have indicated clearly that it is the desire of the public generally to insure themselves against the costs of illness, and not have any federal agency impose increasing taxes for services that would be far less adequate.

an t

C

isi

Su

B

in

A

By

The months ahead are not only vital to American medicine—they are vital to America's way of life. My dear colleagues, let me stress and emphasize to you at this very moment with all the strength and emphasis at my command that this is the year of decision for us. I refer to the elections this fall. The elections this year will decide whether the American doctor remains *free* or whether he becomes *slave*. We must elect Congressmen and Senators and Governors who have the courage to stand out against any compromise on American principles. If that isn't done — then we might as well fold our tents and slip quietly into the night of statism.

### Socialism Must Be Halted

In the months ahead every doctor must do everything in his power to stop the march of socialism in this country. This is in no sense a matter of party politics. The issue is far above partisanship. Each doctor, as an individual citizen and within his own party, has the right—and more important, the duty—to work for the election of candidates whose views reflect the principles which we believe are of fundamental importance not only to our profession but to our Nation.

It is not the place of any organized medical society to engage in political activities—indeed, it would be wrong for any medical organization to do so. Each doctor as an individual, however, is a free citizen and a free political agent. Every doctor in his own district and his own state has the obligation in this year of decision to give support to the candidates of his choice—the candidates who are on the side of freedom. I hope that in every state doctors will help in the formation of political-action committees on a state level for the purpose I have indicated. They must draw into these committees many allies—dentists, druggists, business men, housewives and others.

<sup>\*</sup>Presented at the 139th Annual Meeting of the Rhode Island Medical Society, at Providence, R. I, May 10, 1950.

TTT

eral

tary

om-

the

ded.

arly

sure

ave

for

ican

life.

e to

and

of

fall.

the

be-

and

e to

can

t as

ght

ry-

ism

rtv

ach

wn

utv

ose

are

ro-

ci-

uld

SO.

ree

in

ion

the

are

ate

ion

ive

ees

en,

Ladies and gentlemen, you have so much at stake in this matter. Unfortunately there are many among us who do not seem to realize it. Won't you go home from here and alert your colleagues? There is, my friends, the most urgent need for all doctors to become crusading citizens at this time when our whole American way of life is threatened.

Please don't leave it to George. There are too few Georges. You yourself must make this fight for your professional life. Your efforts must count on election day, and we must let the socializers know that they are going to count. You must vote -every eligible member of your family must vote -all of your friends must vote. The doctor who doesn't vote this year and who doesn't actively work in this campaign to prevent socialization of medicine is not only letting down his profession, and all the men in public life who have championed medicine's cause; he is also letting down his country-and inviting destruction of the system under which he lives.

If you are not going to do these things that I have indicated, my friends, then prepare yourselves to accept political dictation from Washingtondon't protest too much when you wake up some morning to find yourself a captive-citizen, with the socializers and the ambitious Caesars of politics as your captors. That's the price free people have always paid when they failed to prize their freedom enough to defend it.

The outcome of the recent senatorial election in Florida should be very pleasing to all of us. This was a clear-cut demonstration of voter sentiment against the trend toward socialism in this country. Senator Pepper has been an arch advocate of State Socialism. His rejection by the people of Florida should serve as a warning to the present Administration that the American people are fed-up with socialistic legislation. It is highly significant that National Compulsory Health Insurance was one of the major issues in that campaign. Senator Pepper openly endorsed political medicine. Mr. Smathers, on the other hand, vigorously opposed Compulsory Health Insurance and the entire socialistic program. It can be said that "Left Wingism" suffered a setback in Florida as it has in Great Britain and Australia and New Zealand, which indicates that voters are getting tired of high taxes, big promises and big expenses.

Deficit Spending

I have recently been in Virginia and had a visit with their Governor—Governor John S. Battle. It was inspiring to me to find the type of loyal Americans who hold high political office there. We need more fighters like Senator Robertson and Virginia's esteemed senior Senator—Harry Flood Byrd-to combat the schemes that are being concocted to transform the United States of America

into a Socialistic State. May I remind you that these gentlemen are Democrats too. Not all Democrats are socialistically inclined.

The State of Virginia is extremely fortunate in having two gentlemen in the United States Senate who come closer to exemplifying and activating the principles of Thomas Jefferson and Andrew Jackson than do the nominal leaders of the Democratic Party at the present time. Senator Byrd truly called the turn when he recently warned that our present Washington Administration is traveling a "non-stop, high-speed highway to socialism." I. holding the office of Democratic National Committeeman for the State of Arkansas, subscribe to Senator Byrd's warning that deficit spending by our Federal Government is leading our nation into bankruptcy. Another great Virginian and, by the way, the founder of the Democratic Party-Thomas Jefferson—once said: "I place economy among the most important virtues, and public debt as the greatest of dangers to be feared.'

I would like to remind you that another outstanding Democrat—Franklin Delano Roosevelt—said in Pittsburgh, October 18, 1932: "If a nation is living within its income, its credit is good. If in some crisis it lives beyond its income for a year or two, it can usually borrow temporarily on reasonable terms. But if, like a spendthrift, it throws discretion to the winds, is willing to make no sacrifice at all in spending, extends its taxing up to the limit of the people's power to pay, and continues to pile up deficits, it is on the road to bankruptcy." That was true when Roosevelt said it and it certainly

must be true now.

I called to your attention with pride a speech made on the floor of the United States Senate on last February 22 (Washington's Birthday) by my close friend and neighbor in my home town-the distinguished Senior Senator from Arkansas-Senator John L. McClellan. The speech dealt with Fiscal Policies and the Administration's Legislative Program.

Senator McClellan called attention to the dangers inherent in the incurring of large annual deficits. All of you know that we are going in the hole over five billion dollars every year. Senator McClellan took for example just 15 bills now pending in Congress to carry out the President's legislative program. If these 15 measures should be enacted into law, they will increase the annual cost of the federal government by 25 billion dollars. The 25 billion dollars added to our present 43 billion dollar budget will raise the annual federal expenditures to above 65 billion dollars. What would that mean in the way of taxes for us? It would mean that you and I would have to pay 40 cents out of every dollar we earn in taxes.

All of us are concerned about the months ahead. We certainly should be. It seems to me that we are continued on next page

living in a very uncertain world—conditions are such that there is a general anxiety as to what the future may hold for us.

Don't you know, my friends, that the Russians must be watching with a great deal of pleasure our deficit spending and our increasing indebtedness. This cannot continue without ending in bankruptcy for our country and nothing would suit the Russians better than to see us crash economically. When that happens, we will be easy picking for Communism.

Doctors are not only doctors—they are citizens as well. And, as citizens, they are concerned about the whole social order. We have all read our histories—we know about the rise and fall of nations—we know about the fall of the Roman Empire—we have watched with our own eyes the disintegration of the British Empire—and now we are concerned about our own nation in the world of nations.

We have fought two recent wars against aggression and totalitarianism—against the philosophy of dictatorship—against the idea of too powerful a central government control over the lives of people. Yet, we see the tendency in our own Nation to more and more turn over power to the central Government—to give Washington more and more control over the lives of the American people as subject citizens.

When you and I were young our parents taught us self-reliance. Now the tendency is to teach us not to rely upon ourselves, but to rely on the Government. (I have a 50-cent piece here in my hand. I note that it says on there "In God We Trust." Before you know it someone will suggest that we change it to read "In Government We Trust.")

Dr. J. S. Sanders of Leland, Miss. recently sent me this revised version of the 23rd Psalm:

"The State is my shepherd: I shall not work. It maketh me to lie down on good jobs; it leadeth me by the still factories. It deadens my soul; it leadeth me in the paths of idleness for politics' sake. Yea, tho I walk through the valley of slothfulness and economic disaster, I will fear no evil, for it will be with me; its dole and paternalism they comfort me. It prepareth a Utopia for me by appropriating the earnings of the frugal; it filleth my head with fool expectations, my mounting ineffeciencies runneth over. Surely goodness and mercy shall follow me all the days of my life; I shall live on the bounty of the State forever."

### Security and Freedom

SECURITY—SECURITY—SECURITY is the word we hear all the time. Yes, you can have perfect SECURITY in a jail—food—shelter—clothing—medical attention, but there is one thing you cannot have and that is freedom.

We seem to accept freedom as a matter of course. Freedom is not free. It is only preserved by effort and eternal vigilance. We must, as citizens, alert our fellow Americans that the Government cannot furnish "something-for-nothing." Whatever is given from Washington must be at the people's own expense.

The social planners pay no heed to the fact that their programs add tremendously to the tax load of the American people. The tax bill is worrying the citizen today much more than the medical bill. Hidden taxes are fooling the man on the street. The Tax Foundation tells us that there are 150 different kinds of taxes levied on the manufacture and sale of a woman's hat; 116 different forms of taxes on a man's suit of clothes.

Businesses naturally do everything possible to pass on to their consumers practically all tax increases. The man on the street should never be fooled about that—he pays those taxes in the form of a higher price for every product that he buys.

Governments in the past gained power by the sword,—now they use the more subtle weapon of money. They use the method of taxes to drain away the earnings of the people and then they dole some of it back to them in the form of subsidies and grants-in-aid. In this way they become *masters* of citizens rather than *servants*. The people go to the Government for support instead of the Government's going to the people. Hitler used this method in Germany.

In America today you will note that Governors of States, Mayors of cities and even business organizations go to Washington as beggars only to have returned to them money which the Government has previously taken away from them in the form of taxes. Of course, as you all know, this money is returned to them minus the Federal brokerage fee. It is not the same dollar that was originally sent to Washington—it is a dollar smaller than the dollar that was sent. A dollar never gets any bigger by making a round-trip to Washington.

C

tic

ob

fr

M

me

Co

pu

otl

giv

Al

yo

go

tha

As

\$3

\$2.

pay

The hand-out state is only made possible by the hand-in taxpayer. The question for people to ask themselves today is: Who can spend my dollar best? The government or 1?

If you will think about it for a minute—most of the present socialistic philosophy is based on the idea that the Government can spend your dollar better than you can spend it.

So many times I hear doctors say and other citizens too—"What can I do? I am just one individual—just one drop in the bucket." If any one of you has taken that attitude—then, I ask you: "What would happen if every other individual in America took the same attitude?" We would lose by default, wouldn't we?

### The Physicians' Role

I say to you that each of you as an individual is important in this fight. Don't sell yourselves short. The tendency of modern times is to make the A L

not

le's

hat

ad

ng

ill.

et.

50

ire

of

to

in-

be

rm

VS.

he

of

in

le

nd

rs

to

n-

bd

rs

1-

re

IS

of

is

0

T

y

e

e

individual unimportant. The average man feels wholly inadequate to cope with the many complex situations he faces. He asks himself "What can one man do, anyway?" and arrives at the conclusion that others are better fitted than he to take the responsibility, so why concern himself too much about present day problems. That is taking an inferior attitude — that is taking a defeatist attitude. Most of your limitations are self-imposed. A 'do-nothing' attitude is inexcusable. Don't sell yourselves short, because in the months ahead you can do a wonderful job for the future of American medicine and the future of your country.

It behooves you to take a keen interest in political affairs. Democracy functions through politics as you well know. It is inconsistent for us to criticize actions of politicians, while we ourselves evade political service or interest in political affairs. Doctors have a tremendous political potential with their patients and friends if they would only use it.

The medical profession of America is concerning itself more than ever before about the trend toward socialism in this country. We realize that socialized medicine is just one part of the structure of complete socialism.

Never before in the history of the American medical profession has there been so great a need for united effort by all its members—regardless of regional or geographic differences, political differences, racial or religious differences, or professional differences.

This is the reason for the National Educational Campaign of the American Medical Association.

Membership in the American Medical Association having been automatic and without financial obligation all these years—a tendency has developed to take the Association for granted, and not really appreciate it. It is too seldom realized that the entire framework of medicine in the United States today is due primarily to the activities of the American Medical Association.

Just think of the improvement in standards of medical education, the fights against quackery, the improvement in hospital standards, the work of the Council of Pharmacy and Chemistry to protect the public against unacceptable drugs, and the many other Association activities that have had to do with giving the public the best possible in medical care! All of these things have been done voluntarily by your National organization. There has been no government compulsion about it. It seems to me that it is time that members do something for their Association. If a manicurist can pay her union \$36 in dues annually, it seems to me that any doctor should be ashamed to complain about having to pay \$25 for membership in his National organization. I would like to say that any doctor who refuses to pay his membership dues this year in the American

Medical Association is, in effect, voting for the socialization of medicine by not supporting the organization which is protecting him against it.

It is impossible to conduct the Educational Campaign without receiving some criticism about this and that. Some of this criticism comes from within the profession and some without and sometimes over rather petty things. I want to mention one such thing right here, because it is close to my heart. This campaign began over a year ago. Just after it started I met a friend of mine in Chicago and over the dinner table he said to me: "Bob, why don't you take that old classic picture "The Doctor" by Sir Luke Fildes and put some script under it like this—"Keep Politics Out of This Picture." 1 thought it was a good idea and had him present it to Whitaker and Baxter, the campaign directors. They adopted it and have used that picture in this campaign and I am very proud to have hanging in my reception room the No. 1 copy, autographed by the man who originated the idea.

We have had some criticism regarding the use of this classic picture—some saying that it is not modern—that there is no science in the picture—that the picture is "dated", etc. As Mr. Whitaker has said—"the picture is 'dated', if viewed literally, but on the same basis a great many other things are 'dated', including the Oath of Hippocrates, the Bible, the works of Dickens, the works of Shakespeare. Yet in meaning they still are vital and pertinent, even though the language is not of our era.

"Similarly, the painting of "The Doctor" is dated; the physician, the patient and the surroundings have all changed, in outward appearances. But the compassion in that doctor's face—and his concern over his patient—are characteristic of a good doctor today, as they were then, and if modern practitioners ever come to a point where they believe scientific knowledge can replace personal interest in the welfare of those who depend on them for life and healing, then we will have lost one of our most effective arguments against Government-controlled medical practice.

The Fildes' painting of "The Doctor", even though it is old-fashioned, portrays something which is beyond value to the medical profession. To the public it makes sense to say "Keep Politics Out of This Picture", and the best evidence of the picture's effectiveness is the mighty effort our opponents have made to discredit it. If it weren't effective, the socializers would have ignored it, instead of writing thousands of words to complain about it.

"The Doctor" isn't just an outdated painting. It is a vivid portrayal of the vitally important physician-patient relationship which has made doctors something more than medical technicians. And that

continued on next page

relationship is out-dated only in countries which have adopted socialized medicine."

Medicine's Positive Campaign

So much for that. Medicine has a positive campaign, as well as a defensive one. We are not just "againsters." There are some things we are for. We are for VOLUNTARY HEALTH INSURANCE. It is increasing rapidly. Very shortly half of the population of the United States will be covered by some form of Voluntary Health Insurance.

Plans to stimulate the improvement and extension of Voluntary Health Insurance systems, to take the economic shock out of illness, are progressing well. If the Government will stay out of this field for another year or so, the American people will solve their health problem voluntarily and in the democratic American way. There is nothing the Government can do for the individual in the field of health insurance that the individual cannot do better for himself and at far less expense. Already, both commercially-sponsored and non-profit, medically-sponsored groups are working on three highly significant projects; (1) broader protection for individuals on a "non-group" basis; (2) further protection for the aged; and (3) greater coverage for "catastrophic", that is, extended, expensive

Legislation should *not* be necessary to meet the general problem of prepaid medical care. This is a problem that can best be met by public education and diligent work to improve the Voluntary systems. We must educate people to consider health insurance as a family essential, rather than a luxury. Doesn't it seem strange that people should be more careful about insuring their automobiles against damage than they are about insuring their wives and children against accident and sickness. My friends, this matter is going to require *education*, not *legislation*.

There are many other things that I might discuss, but I have already talked too long I fear. In closing, I would like to say that if we doctors of America want to remain free doctors—if we want to continue by our own initiative and judgment the work that has made America the healthiest great Nation in the world,—we must decide now to assume in full our duties as private citizens. We must inspect our own house, and see that it is kept immaculate. We must give unstintingly of our support to those who can maintain in local, State and National legislative bodies the eternal vigilance that is the price of our precious American freedom. It is our year of decision.

Paraphrasing the words of a great Democrat of a few years ago—William Jennings Bryan—We say to Mr. Truman, Mr. Ewing and all the others who are trying to socialize us: You shall not press down on medicine's brow this crown of thorns, nor crucify us on the cross of tyranny.

### ELABORATION IN MEDICINE continued from page 288

elaboration of anesthesia. Ether has been used for over a century now in millions of cases and it is still believed by, I think, most of us, to be the safest and, on the whole, the most efficient agent.

One of the most important aspects of modern surgery is the improvement in anesthesia. These experts can do wonderful things with intravenous, intratracheal, positive pressure, and other types of difficult procedures. That, to my mind, is no sufficient argument for putting all anesthesia beyond the reach of the rest of the profession.

Strangely enough, the intelligentsia of our profession, the internists, those who were formerly said to know everything and do nothing, have resisted this movement towards over-specialization. The internist can still treat an infectious sore throat, pneumonia, any type of heart disease not requiring surgery, the complex diseases of the liver, many of the pathological conditions in the intestinal tract, kidney disease, diabetes, and all the other hormonal diatheses.

I am not arguing that anyone with a medical degree should have no further restraints put upon him. I have seen too many sad examples of what this produces. If I went into a strange town I should wish to find institutions where I felt there were careful discriminations as to the type of work done there.

But I know of one man who does nothing but endoscopies. It would be a mistake to deny these examinations to other well-qualified men whose fields are not so narrow.

All these modern developments which I have spoken about command my profoundest admiration. I only ask that we use a little more restraint in the application of them.

I love to quote Latin when Dr. Donley or Dr. Walsh are here to guide and interpret for me. There is a sonority about the language which pleases my ear and an accuracy of meaning which pleases my understanding. "In medio tutissimus ibis." "It is safest in the middle" is rather an exact translation. The human mind is partial to extremes. We are ultra-conservative or rabidly radical. I hope you will believe that I appreciate all these great things that you are doing. I merely worry lest you over-do them.

In a recent publication of one of our most learned medical societies, I have read this by an official of a medical school: "No matter how greatly we may lament the fact, the old family doctor is passing away in the growth of specialism, group clinics, and hospitalization of the sick. The personal relations between the physician and the patient are disappearing in the routine of technical diagnosis, mass treatment, and mass prophylaxis." Many thoughtful men are now warning us that this must not be so.

concluded on page 298

cc

m

L

or is he

ıt.

rn se

ıs,

es 10

e-

0-

ly

e-

n. it,

ly

t,

al

al

I e k

ıt

e. h

h

IS

t

Š.

e

d

y

5

-

t

## The RHODE ISLAND MEDICAL JOURNAL

Owned and Published Monthly by the Rhode Island Medical Society, 106 Francis Street, Providence, Rhode Island

### EDITORIAL BOARD

PETER PINEO CHASE, M.D., Editor-in-Chief, 122 Waterman Street, Providence JOHN E. FARRELL, Managing Editor, 106 Francis Street, Providence

CHARLES J. ASHWORTH, M.D.\*
ALEX M. BURGESS, M.D.
JOHN E. DONLEY, M.D.\*
IRVING A. BECK, M.D.\*
CHARLES L. FARRELL, M.D.\*
MARSHALL FULTON, M.D.

ISAAC GERBER, M.D.
PETER F. HARRINGTON, M.D.
ERNEST K. LANDSTEINER, M.D.
CLIFTON B. LEECH, M.D.\*
HENRY E. UTTER, M.D.\*
DAVID G. WRIGHT, M.D.

### COMMITTEE ON PUBLICATION

(Members in addition to those marked above with asterisk\*)

JOHN A. DILLON, M.D., of Providence HAROLD G. CALDER, M.D., of Providence PETER C. ERINAKES, M.D., of West Warwick Francis Vose, M.D., of Woonsocket

### **DECISIONS OF DELEGATES**

The report of the actions of the House of Delegates at the May meeting are reported elsewhere in this issue. The complete reports of committees providing the basis for some of the decisions of the Delegates will also appear in the Journal for the information of all Fellows.

Attention is particularly drawn to several important actions taken at the May meeting of the House. The by-laws of the Society have been amended, and the approval of the amendments has subsequently been accepted by the Society at the General session on May 11. The health insurance committee, and Physicians Service were given wholehearted support in their task of extending the voluntary insurance programs sponsored by the Society.

The problem of uniform fees for all governmental agencies was resolved with the adoption of a complete schedule which is to be printed and distributed to every Fellow of the Society, and also distributed to all agencies concerned with providing medical care for wards and dependents of government. This is an important work, and the schedule of fees, uniform for all agencies, should help solve what has been a problem in recent years as each government bureau sought a schedule of its own.

Two years ago the Society took active leadership in seeking a higher fee for physical examinations

performed for life insurance companies. Fees had not been raised for fifty years. Recently, as the committee on medical economics has noted, many large companies have improved their fee schedule in keeping with present day costs. The House noted with interest the action of the companies, but it reiterated its previous stand that the fee for the initial examination should be a minimum of \$10.

The committee on public policy and relations which has done outstanding work during the past twelve month period, proposed, and received approval for continuance of its study of the possibility of a director of public relations to work under the jurisdiction of the executive secretary, and to hold a press conference for editors of daily and weekly newspapers in the State.

These are but some of the highlights of the Delegates meeting. Every Fellow has the responsibility to read the minutes of the meeting in order that he may be familiar with the policies adopted for his Society.

### PHYSICIAN POPULATION

For the first time since 1942 the American Medical Association has issued its directory of physicians licensed in the country. The task of tracing addresses of physicians has been an extremely difficult one, due in great measure to the dislocation of doctors as the result of the war.

continued on next page

The advance notice relative to the directory indicates the listing of the largest medical population in the history of the country. However, the tabulations presented in this voluminous report must be carefully considered by anyone who attempts to evaluate the physician ratio to population for medical care.

The Rhode Island section of the directory lists 993 physicians for our estimated 743,000 population. But the 993 total includes approximately a hundred physicians who are completing resident and intern training, physicians who are with the armed forces, many of whom are now completing residency training outside Rhode Island, and physicians who are affiliated with government facilities.

The medical population available for general medical care is further depleted by the fact that the directory includes all physicians whether in practice or not. Many of our doctors have retired from practice because of age or illness.

A clearer picture of the medical population of the State should be available later in the summer when the executive office completes a planned study of the physician population.

### MEDICAL WITNESS

Our attention was directed recently to a situation in which a physician was issued a subpoena to be a witness in a court case. He complied with the summons, travelling some fifteen miles from his office, and spending a good part of his busy day testifying in court. His compensation was three dollars, the minimum witness fee.

Unwittingly he did not appear merely as a witness, but as an *expert* witness. Physicians should be wary of such a situation, and if summoned to a trial should answer only as a witness of fact. If an opinion is sought in such cases involving the technical and skillful knowledge of the physician as an expert, he should withhold his opinion until he is assured of the reasonable fee allowed an expert witness.

### PHYSICIANS SERVICE

Physicians Service, the voluntary non-profit surgical-medical program of the Society, has had exceptional growth in its first five months of operation. By the end of May the estimated enrollment was more than 50,000, thus making our program one of the fastest growing ones of its type in the nation.

The response of the physicians and their cooperation in meeting the varied administrative regulations has been excellent. We have approximately 650 participating physicians, with new names being added monthly to the list. Certainly the participating physician roster includes all but a small number

of the fellows of the Society in active practice in Rhode Island.

The program is being efficiently operated by the staff of the hospital service corporation working under the guidance of a joint operations committee that includes three members of the Society. In the first four months of operation the Service paid out in surgical-medical claims \$41,419, and for operation expenses \$6,534.14, and retained a reserve fund of \$25,148.06.

The program faces many tests in the months ahead as it continues its progressive growth. The first of August will start the eligibility period for maternity benefits for the first subscribers, a factor that may affect the reserve fund. But the program has been established on as sound an actuarial basis as possible, and we anticipate that by the end of the fiscal year Physicians Service will rank as one of the leading voluntary surgical-medical plans.

### MODERN OBSTETRICS

Now that we are either in, or approaching the second half of our Century, depending on personal views of the matter, we suppose we may expect just about any unusual innovation.

Obstetrics was co-sponsor of one such modern adaptation of the scientific age last month when the first cry of a newborn baby girl at the Albany (New York) hospital furnished the power which through broadcast soundwaves started a motor to raise a curtain placed in front of the new laboratory building of a large pharmaceutical company in Rensselaer, seven miles away. For timing its arrival to meet the opening day festivities at the pharmaceutical company, and for furnishing the "lung power" to generate the scientific gadgets of this modern age, the baby received a \$3,000 college scholarship to be utilized some eighteen years hence.

Such are the wonders of obstetrics in this midcentury. We regret we are among those who were born fifty years too late!

### ELABORATION IN MEDICINE

concluded from page 296

This paper has mentioned sketchily the overelaboration of medical sales' literature, elaborate diagnostic procedures, the carefree use of medicines, and the tremendous modern stress of specialization. If you continue this expensive over-elaboration, then a paraphrase of an old remark will be brought home to you—Ninevah, nor Tyre, nor Carthage are not more dead than the private practice of medicine. A L in

by ing tee In aid for re-

hs he or

or

sis of

ne

he nal ist

to a-

in ts

he he

of

ge

d-

te



UBALDO E. ZAMBARANO, M.D.

President,

January 9, 1950 — May 29, 1950

The Providence Medical
Association

WITH the death of Doctor Zambarano our largest district medical society has lost its President and leader. The medical profession of Providence, and of Rhode Island, has lost a beloved colleague whose generous nature, unceasing efforts to improve medical care, and outstanding cooperation in matters relating to public health made him an inspiration to all of us.

But the loss to the people of this State cannot be truly realized at this time. It is to be doubted that anyone, physician or layman, had greater interest, truer concern, and firmer devotion to service in the treatment and care of those afflicted with tuberculosis. He had devoted his entire professional life to this work, and his reputation for sound and constructive thinking on tuberculosis treatment had reached far beyond the confines of little Rhode Island.

Many national and regional honors came to him from medical organizations, but his greatest happiness seemed to stem always from his service to the patients he attended in his years at Wallum Lake and with the Providence Tuberculosis League. The lives he saved through his devotion to his medical practice speak far more eloquently of his greatness than any words we may write.

# Galvanic and Sinusoidal Currents in Diagnosis and Therapy

The Burdick Sine-O-Tron provides in one unit *all* important applications of galvanic and sinusoidal currents.

In neuromuscular diagnosis and therapy, in iontophoresis treatment of cervicitis and arthritis, and in electrolysis, the Sine-O-Tron acts smoothly and dependably.

Important among the features of the versatile Sine-O-Tron are its simple operation, choice of current (straight, surging or reversing galvanic; 120 or 420 cycle pulsating direct; or a.c.), range of voltage and current intensity.

# THE BURDICK SINE-O-TRON Galvanic and Sinusoidal Current Generator

For complete literature on The Burdick Sine-O-Tron, see your local Burdick dealer, or write us—The Burdick Corporation, Milton, Wis.

ANESTHETIC
GASES •
PHYSICIANS',
SURGEONS',
MEDICAL AND
HOSPITAL SUPPLIES

# SMITH-HOLDEN

Across from St. Joseph's Hospital
624 BROAD STREET • PROVIDENCE

HOSPITAL BEDS •
WHEEL CHAIRS •
TRUSSES • BELTS •
SUPPORTS •
SICK ROOM
SUPPLIES

# HOUSE OF DELEGATES of the RHODE ISLAND MEDICAL SOCIETY

Report of Regular Session Held on May 3, 1950

A MEETING of the House of Delegates of the Rhode Island Medical Society was held at the Medical Library on Wednesday, May 3, 1950. The meeting was called to order by the President, Dr. Peter Pineo Chase, at 8:15 p. m. The following were in attendance:

### Kent County

Rocco Abbate, M.D. Peter C. Erinakes, M.D.

### Newport County

Donald R. Fletcher, M.D. Frank Logler, M.D.

### Pawtucket Medical

Edward H. Trainor, M.D. Earl J. Mara, M.D. Henry Hanley, M.D. Robert Henry, M.D. Henry Turner, M.D.

### Washington County

Louis Morrone, M.D. Samuel Nathans, M.D.

### Woonsocket County

George Keegan, M.D. Joseph McKenna, M.D.

### Bristol County

Charles E. Millard, M.D. (Alternate Delegate)

### Providence Medical Association

J. Murray Beardsley, M.D. William P. Davis, M.D. Donald DeNyse, M.D. John Dillon, M.D. William J. H. Fischer, M.D. Louis I. Kramer, M.D. Herman A. Lawson, M.D. Robert G. Murphy, M.D. John C. Myrick, M.D. Joseph C. O'Connell, M.D. Michael J. O'Connor, M.D. Edwin B. O'Reilly, M.D. Alfred L. Potter, M.D. Louis Sage, M.D. Daniel V. Troppoli, M.D. George W. Waterman, M.D.

### Officers

Peter Pineo Chase, M.D. Charles J. Ashworth, M.D. Morgan Cutts, M.D. G. Raymond Fox, M.D.

Also in attendance were Drs. Robert C. Hayes, Roland Hammond, Reuben C. Bates, Herman C. Pitts, Charles L. Farrell, and Mr. John E. Farrell, Executive Secretary.

### Report of the Secretary

Dr. Morgan Cutts presented his report listing the major actions taken by the Council of the Society since the previous meeting of the House of Delegates as follows:

Since the previous meeting of the House of Delegates the Council has held one meeting. Major actions taken include the following:

Major actions taken include the following:

Dr. Reuben C. Bates, secretary of the Medical Milk Commission of the Providence Medical Association, was asked to serve as a delegate of the Society to a meeting called by the Local Dairymen's Cooperative Association and the Rhode Island Milk Dealers Association to consider the formation of a non-profit corporation to provide for milk quality control program for the state of Rhode Island.

Dr. Daniel V. Troppoli, secretary of the Providence Medical Association, was nominated to represent Rhode Island on the national committee arranging for the Seventh Annual National Conference of County Medical Society Officers.

The report of the Committee on Diabetes was received and the Committee was commended for its excellent program in connection with the Diabetes Detection Campaign in 1949.

The question of listing of specialties in the classified section of the telephone directory immediately following the name of a physician was referred to the Committee on Medical Defense and Grievance for study.

The question of a relief physician for Dr. Lorenzo Orlando of Block Island in order that he might take a brief vacation was referred to hospitals in the area.

It was voted not to send a representative to the meeting on National Emergency Medical Service to be held in Chicago on May 6, 1950.

The report of the Board of Trustees relative to the necessity for installing a new boiler in the Medical Library was received and the action are the second and the action are the second and the second and the second are the second are the second are the second and the second are the second

the Board in the matter approved. The Trustees were authorized to make a further report later relative to possible changes in the heating system of the Library.

The financial report of the Treasurer for the fiscal year 1949 was received, discussed, and approved. It was moved that the President should appoint a long range finance committee to consider the financial system of the Society.

The Committee on the Library was requested to consider the possibility of some plan for establishing an organization of "friends of the Medical Library" to aid in its support and maintenance.

The Treasurer was authorized to send out for the American Medical Association notice of dues payable to it for the year 1950.

A report from the Committee on Public Policy and Relations on work of that committee was received and filed.

A slate of nominees was prepared for recommendation to the House of Delegates at the meeting of that body on May 3, 1950. In view of pending recommendations of the Committee on the Revision of the By-Laws that would eliminate the office of Assistant Secretary, the Council has made no nomination for that office.

The report as presented was accepted and placed on file.

\*

Representation on Rhode Island Quality Milk Incorporated:

Dr. Reuben C. Bates reported to the House regarding the formation of a non-profit corporation to supervise a laboratory for milk inspection in Rhode Island on a voluntary basis. He reported that he had been authorized by the Council of the Society to attend an organization meeting of the corporation consisting of representatives of farms, milk dealers, and civic organizations.



. Providence Journ. DR. PETER PINEO CHASE, retiring president of the Rhode Island Medical Society, hands gavel to incoming President, Dr. CHARLES J. ASHWORTH (right), as Vice President, DR. ROBERT T. HENRY, observes the ceremony.

The corporation desires that one of its directors shall be a representative of the Rhode Island Medical Society. The matter was discussed and Dr. G. Raymond Fox moved that the President be authorized to appoint a Fellow to represent the Rhode Island Medical Society on the Board of Directors of Rhode Island Quality Milk Incorporated. The motion was seconded and adopted.

Communications: The Secretary read a communication from the American Medical Association relative to a letter being sent by it to every intern and resident in the country regarding the issues pro and con on Compulsory Health Insurance. A copy of the brochure sent with the letter was distributed to the House of

The Secretary read a communication from Mr. Arthur Devine, State Director of Labor, announcing his desire to appoint Dr. G. Raymond Fox as a representative of the Society on the Advisory Committee to the State Curative Center, to succeed the late Dr. John F. Kenney. The motion was made, seconded and passed that the appointment of Dr. Fox be approved by the House of Delegates.

The Secretary reported a letter from the American Medical Association urging the cooperation of physicians in filling out schedules prepared by its Bureau of Economic Research and the United States Department of Commerce, for a survey of physicians incomes.

Report of the Treasurer

Dr. G. Raymond Fox, Treasurer of the Society, submitted his annual report for the fiscal year of 1949 amplifying the report previously submitted to the House of Delegates with explanation of the expenses for the operation of the Society.

Dr. Louis I. Kramer moved that the annual report of the Treasurer for the fiscal year of 1949 be accepted and placed on file. The motion was seconded and adopted.

Recommendations from the Council

The Secretary reported to the House that the Council had submitted a list of nominees for officers and standing committees to serve for 1950-51. Dr. Chase asked if there were any counternominations to the slate proposed.

Dr. John Myrick placed in counternomination for the office of President-Elect, Dr. Albert H.

Jackvony.

There being no other counternominations it was moved that the slate of nominees be closed. The motion was seconded and adopted.

Dr. Earl J. Mara moved that the House of Delegates authorize the Secretary to cast one ballot for it for all offices except that of President-Elect, and for all standing committees as submitted to the House by the Council. The motion was seconded and adopted.

On a written ballot for the office of President-Elect Dr. Herman A. Lawson received eighteen continued on page 308 di-)r. be he of ored. he ter he mire of ſr. 1Cs a ry ed

de, Or. riof its

ed

of

ty,

of

ed he

ıal

49

as

he

r.

ns

on

H.

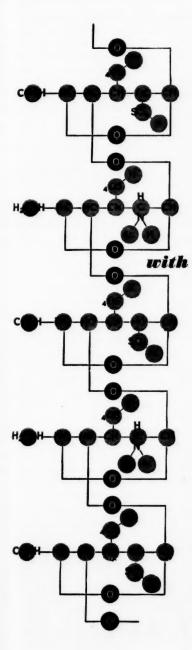
as

ne

ot

t,

d



with the strongest electric charge

High molecular weight heparin—composed of disaccharide units of glucosamine and glucuronic acid combined with sulfuric acid—is thought to possess the strongest electric charge of any organic compound in the animal body. Many investigators attribute its inhibition of the coagulating mechanism to this property.

However Heparin Sodium preparations act, they produce immediate and readily controlled anticoagulant effects in treatment of thromboembolic disease. Depo\*-Heparin Sodium, with or without vasoconstrictors, contains this physiological anticoagulant in gelatin-dextrose vehicle to provide anticoagulant effects lasting 24 hours or longer with a single injection.

Studies by Upjohn research workers have improved methods of extraction, purification and assay so as to provide Heparin Sodium in dosage forms suitable for parenteral administration.

\*Trademark, Reg. U.S. Pat. Off.

Upjohn

Medicine...Produced with care...Designed for health

THE UPJOHN COMPANY, KALAMAZOO 99, MICHIGAN

### HOUSE OF DELEGATES

votes and Dr. Albert H. Jackvony fifteen votes and therefore Dr. Lawson was declared elected to the office of President-Elect.

Report of the Committee on By-Laws

Dr. Roland Hammond, Chairman of the Committee for the Revision of the By-Laws, read the summary of the changes proposed by his committee. He submitted to the House for its decision the question of whether the Committee on Medical Defense and Grievance should be a standing committee or an appointed committee. After brief discussion, Dr. G. Raymond Fox moved that the Committee on Medical Defense and Grievance be an appointed committee of the Society and not an elected standing committee. The motion was seconded and adopted.

Dr. G. Raymond Fox moved that the amendments to the By-Laws proposed by the Committee be accepted and approved by the House of Delegates with recommendation of their adoption to be made to the membership at the General Session on May 11, 1950. The motion was seconded and

adopted.

### Committee on Medical Defense and Grievance

Dr. Roland Hammond submitted the report of the Committee on Medical Defense and Grievance which he discussed briefly.

The motion was made and adopted that the report of the committee be received and placed on file.

Committee on Uniform Fee Schedule for Governmental Agencies

Dr. Herman C. Pitts discussed the report of the Committee for a Uniform Fee Schedule for Governmental Agencies which had been previously submitted in printed form to each member of the House of Delegates.

After explaining the decision of his committee, Dr. Pitts moved the adoption of the report of the committee, and also moved that if the House accepted the report and the schedule submitted, that the fees be printed in booklet form for distribution to the Fellows of the Society. The com-

# RELAX IN JAMESTOWN!

Own A Comfortable Summer Home Or Shore-Front Lot. For A Good Selection Contact.

MEREDITH & CLARKE, INC. REALTORS — INSURORS Jamestown, R. I.

FOR APPOINTMENT PHONE 100

plete motion was seconded and unanimously adopted.

Committee on Medical Economics

Dr. Samuel D. Clark, Chairman of the Committee on Medical Economics, briefly discussed the report of his committee which had been submitted in advance to each member of the House. He raised the question of whether the House wished to change the decision previously taken by it regarding fees for physical examinations for life insurance companies. The question was discussed by members of the House and it was the general opinion that the previous action regarding these fees taken by the House of Delegates should be reaffirmed.

Committee on Public Policy and Relations

Dr. Charles L. Farrell, Chairman of the Committee on Public Policy and Relations, discussed his report as submitted to the House. He related the many activities of the committee during the year and he demonstrated various media used to carry on an educational program with the public and with the profession. He urged the Society to encourage the component groups to make every effort to cope with the problem of emergency medical calls.

It was moved that the report of the Committee on Public Policy and Relations be adopted. The mo-

tion was seconded and carried.

Committee Reports

Dr. Chase called to the attention of the House that the Committees on Health Insurance, Industrial Health, Library, Publication, Scientific Work and Annual Meeting, Public Laws, and the Report of the Board of Trustees and of the Rhode Island Medical Society Physicians Service, had been submitted in writing to the Secretary and a copy had been transmitted to each member of the House.

He stated that unless the House had any questions to ask or comments to make regarding these reports, he would entertain a motion for their

acceptance.

The motion was made that the reports of these committees and boards be accepted and placed on file. The motion was seconded and adopted.

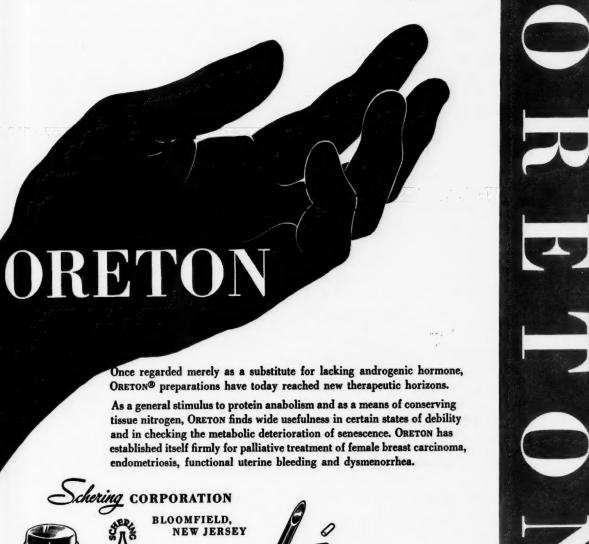
The House adjourned at 10:20 p. m.

Respectfully submitted, Morgan Cutts, M.D., Secretary

### E. P. ANTHONY, INC.



178 ANGELL STREET PROVIDENCE, R. I.



d d

d





YES, it took more than 100 years. We're proud that these years have been devoted to an endeavor to preserve life. It is gratifying to know that our small contribution has added to the health, happiness and well-being of the community. We are making every effort to maintain our leadership with our next 5 million prescriptions.

### Blanding's

188 WESTMINSTER ST. and WAYLAND SOUAL Tel. GA. 1-1476 and PL. 1-1341

IN OLNEYVILLE IT'S . . .

McCAFFREY INC.

Druggists

19 OLNEYVILLE SQUARE PROVIDENCE 9, R. I.

### FOR RENT

Three room medical office on main thoroughfare in Fall River, Mass. Will remodel to suit tenant. Presently equipped with vertical and horizontal X-ray (for sale).

Also for sale—Jones B.M.R. Machine—almost new. Call Fall River 2-7731 (or UNion 1-2112).

### "SWIMMER'S ITCH"

A Statement from the Rhode Island State Department of Health

For a number of years the State Department of Health has received sporadic reports during the summer months of a dermatitis appearing on persons after bathing in or shellfishing in the waters of Narragansett Bay. The department is attempting to determine whether this dermatitis is the same as that which appears on bathers at fresh water lakes in other parts of the country and is called "Swimmer's Itch." "Swimmer's Itch" has been found to be caused by a Schistosome larva released from infested fresh water snails and mussels. Some work has already been done locally in examining salt water snails for the presence of the parasite or its larva. In continuing this investigation, it is essential to know those areas of the bay where bathers or shellfishers have become affected, Accordingly, it will be greatly appreciated if physicians treating cases of dermatitis thought to have been caused by bathing or shellfishing in Narragansett Bay, immediately notify the State Department of Health (Jackson 1-7100, extension 235), giving the date of exposure, the probable locality where the disease was contracted, and those additional facts which are deemed pertinent to the case.

Olivier1 describes the mode of invasion of the human skin and the sequence of events as follows, "The primary itching is a direct result of the penetration of the superficial layers of the skin by the entering larvae. This primary itching may last for an hour or more but usually subsides earlier. During this period a macule, about 1 to 2 millimeters in diameter, appears at the site of penetration of each cercaria. These macules are usually transitory but they may persist for several hours or until they are replaced by papules. Diffuse erythema may occur. instead of the macular reaction and, rarely, an urticarial reaction may result at the site of penetration. Papules develop, along with intense itching (secondary itching), usually about 10 to 15 hours after penetration. The papules measure 3 to 5 millimeters in diameter and are distinct, indurated, and surrounded by a zone of erythema, the size of which depends, among other things, on the amount of rubbing or scratching induced by the pruritus. The area surrounding the papule may be edematous, especially after rubbing or scratching. When the papules are confluent, the whole exposed area may be elevated and edematous. On the second or third day, a vesicle forms on the papule and this is often ruptured by rubbing or scratching. The papules

f

n

d

DERMATOLOGICAL SOCIETY On April 26, 1950, a group of Rhode Island dermatologists met at the home of Dr. Francesco Ronchese to organize a dermatological society for the purpose of the advancement of cultural and scientific studies of the diseases of the skin among physicians in the state of Rhode Island. The group will operate under the name of "The Rhode Island Dermatological Society" and was chartered by Secretary of State Armand H. Cote on May 10, 1950. The following officers were elected for one year:

RHODE ISLAND

President: Francesco Ronchese, M.D., of Providence

Secretary-Treasurer: Bencel L. Schiff, M.D., of Pawtucket

Other incorporators are: Dr. William B. Cohen of Providence, Dr. Arthur B. Kern of Providence, Dr. Vincent J. Ryan of Providence, Dr. Carl S. Sawyer of Providence, and Dr. Malcolm Winkler of Providence.

Respectfully submitted, BENCEL L. SCHIFF, M.D., Secretary-Treasurer

usually recede and disappear within a week after exposure, leaving a pigmented area on the skin. The pruritus that accompanies the papular eruption is usually sporadic and intermittent and tends to disappear after several days. Excoriation may occur with severe itching. Pustules do not form unless the lesions become secondarily infected."

"Repeated exposures have produced succeedingly more severe reactions and have led the author to conclude that sensitization may occur."

Thorough drying of the skin, by rubbing with a rough towel, immediately after a probable exposure in contaminated waters, is the only prophylaxis which thus far has been offered. While this does not give positive protection against skin infestation, it will at least mitigate the number of lesions.

No specific treatment has been reported and these cases in the past have been dealt with symptomatically. The patient should be cautioned against scratching the lesions and secondarily infecting them. The intense itching has responded to calamine lotion and the antihistamine ointments.

National Institute of Health (1949).

### EVERY MAN AND WOMAN SHOULD DRINK MORE

Certified Milk

# BECAUSE

The National Research Council recommends an increase in the minimum daily calcium intake for adults from eight-tenths of a gram to one gram.

Ninety percent of your Calcium Intake is from Milk.

GET THE BEST — GET CERTIFIED MILK

Ask for it by name from your MILKMAN, in your GROCERY STORE and at your FAVORITE EATING PLACE

### THE PROVIDENCE SURGICAL SOCIETY\*

WILLIAM P. DAVIS, M.D., President

AT THE TIME of the founding of Jamestown, Virginia, in 1607 and of Plymouth, Massachusetts, in 1620, the Barber Surgeon represented the Medical Profession. Membership in the Royal College of Physicians was limited and there were

extremely few medical degrees.

Those few physicians who had had Special Medical Training, fortunate enough to have trained in Edinburgh, Leyden, or under the Proctorship of John and William Hunter in England, and who dared the Rigors of the Colonies, rooted themselves in those cities which were the main ports of Entry to the New World—Boston, Philadelphia, Charlestown, or Newport, R. I. There were no Doctors with Roger Williams but in 1638 Dr. John Clark, who had studied both Theology and Medicine in Leyden, settled as Minister and Doctor in the Colonies in Locale' which one year later became Newport (1639). The First License issued in R. I. was in 1641 giving Dr. Robert Jeoffreys the right to "exercise the function of Chirurgera." It wasn't until 16 years later (1664) that the Court issued

a license to Captayne John Cranston of Newport to practice both Physicke and Chirurgery. His was the First Medical License conferred in any of the Colonies.

Providence, a village of 1400 inhabitants in the year 1700, was without Physician or Surgeon, but medical attention was supplied by Dr. Richard Bowen of Seekonk, Massachusetts, (Now East Providence). By 1800 the population had risen to 7,614. The Rhode Island College, established at Warren, R. I., in 1764 had been moved to Providence in 1770 and was re-named Brown University in 1804. In 1811 Brown University established a Medical School which was to graduate 87 Doctors of Medicine before it became non-existent in 1828.

In part, due to the influence of Brown University Medical School, the first Organization of Doctors in the State of Rhode Island occurred in the year of 1812 when the First meeting of the Rhode Island Medical Society (49 charter Members) was held on April 22nd of that year. Seven other Medical Societies had preceded R. I.—N. J. 1766—Mass. 1781—Delaware 1789—New Hampshire 1791—Connecticut 1792—Maryland 1799—and New York 1807.

In 1848 the Providence Medical Society came into being just one year following the First Meeting of the American Medical Association at its convention in Philadelphia.

It was forty years later (1888) that Doctors George L. Collins, Clarence T. Godding, John W. Keefe, and Walter L. Munroe founded the Friday Night Club for the purpose of furthering Social Intercourse and Professional Advancement. Its meetings have been without interruption and it is still in existence, the oldest Professional Organization of its kind in R. I.

In about 1894, the Medical Science Club of Pawtucket was organized, limited to 15 members and meeting monthly. This club is still in existence.

In 1900 the Amos Throop Club was formed by Drs. Higgins, Fitzgerald, Jones, Fisher, Partridge, and DeWolf. Again for the purpose of Professional Advancement and Sociality, the Club existed without interruption until about 10 years ago. Several of its members were members of the Friday Night Club.

\*Presented at the First Annual Meeting of the Providence Surgical Society, at Providence, R. I., April 27, 1950. continued on page 314

### ANNUAL MEETING

Providence Surgical Society

The first Annual Meeting of The Providence Surgical Society, was held at the Hope Club, Providence, Rhode Island, at 5:30 P. M., on April 27, 1950.

The objects of the Society are the cultivation and improvement of the Science and Art of Surgery and the consideration of such other matters as may properly come within its sphere.

The following officers were elected for one year: William P. Davis, M.D., President Frank E. McEvoy, M.D., Vice President Eske Windsberg, M.D., Treasurer Orland F. Smith, M.D., Secretary

Jesse P. Eddy, 3rd, M.D.

Robert H. Whitmarsh, M.D.

Charles J. Ashworth, M.D.

An excellent dinner was enjoyed by forty (40) general surgeons, following which Arthur W. Allen, M.D. of Boston, Massachusetts, gave a very interesting talk on "Cancer of the Colon." Just before the delivery of his address, Dr. Allen was made the first Honorary Fellow.

The meeting adjourned at 9:45 P. M.

Respectfully submitted: ORLAND F. SMITH, M.D., Secretary as ne

1e

at st to at i-

a rs 8.

rs

ar id ld al

S.

w

g

n-

rs V.

ly

al

ts is

n-

of

rs e.

W

e. ed

vay

ce

14



"Stick-to-it-iveness is fine—



"but take me—I just can't stick to my diet.

I can't resist desserts. Oh, dear, this diet is getting me down!"

If she thinks it's getting her down what's it doing to physicians who have to listen to such explanations every day? This is especially true for the doctor who hasn't prescribed Efroxine Hydrochloride.

Efroxine makes it easier for most patients to reduce by depressing the appetite and elevating the mood. Efroxine offers a number of advantages over other sympathomimetic amines.

- ...It has a more rapid and longer-lasting effect with smaller dosage.
- ...It has little pressor effect in the recommended dosage range. This advantage is particularly valuable in the treatment of obesity.
- $\ldots \text{It}$  is more likely to produce cerebral stimulation with relatively few side effects.





### PROVIDENCE SURGICAL SOCIETY

concluded from page 312

The Medical Research Club was formed in 1910 by Drs. Utter, Calder, Sanborn, Leach, Adams, and Buxton. Its last meeting was held in 1920.

In 1922, the Malpighian Medical Society was founded by Dr. Raia, Ventrone, Conca, Oddo, and others among the Italian Physicians of the State. This organization has monthly meetings for the purpose of discussion of Scientific Papers and at the present time has a membership of 90.

The W. W. Keene Club was organized in 1923. Its regular Scientific meetings ceased during the war, but the club is still in existence, and its meetings are sporadic at the present time.

A small Dinner Club of Physicians came into being in 1928 and lasted until 1935. No name was given to this club, but I understand that it held regular meetings of Scientific nature. (Drs. Wing, Buffum, Utter, Lord, Adams).

Named for the Year in which it was formed, the Thirty-Four Club has continued its meetings and is active at the present time.

All of the above organizations were founded in much the same manner and for much the same purpose, that is for scientific discussion and for social relationship. In general meetings were held on a monthly basis and collation of some sort generally served. Membership embraced all branches of the Medical Profession.

In 1936, however, the Caduceus Club of Pawtucket made history in the State. Originally 18 physicians combined for the purpose of "Crystallizing opinion affecting the welfare of the club members and of the Community." Scientific papers were not to be read nor discussed. There are 52 members at the present time and meetings are held four times a year.

By 1950 Providence had in reality become a City. Its population, according to the last census, had risen to 253,504 and the Population of R. I. to 713,346. There are 1017 physicians in the State, 600 belonging to the Providence Medical Society and 794 to the R. I. Medical Association.

The Barber-Surgeon of 1607 passed into oblivi-

RHODE ISLAND MEDICAL JOURNAL

on. Medical Diplomas became obligatory about the year 1850 and in 1884 a law was passed requiring Registration of all Physicians. It is interesting to note that the Physicians were responsible in part for a law having been passed in 1871, thirteen years previously, for the examination and registration of Pharmacists.

Although surgery was performed, it was performed by the general practitioner. Dr. John W. Keefe was, I believe, the first physician in Rhode Island to declare himself a specialist in Surgery.

We all are aware of the progress made since that time. Fostered and guided by the American College of Surgeons and the American Board of Surgery, we have added to the ranks of the Specialists in General Surgery here in Rhode Island to a point where we are able to gather here tonight 40 physicians who have dedicated their professional services to the general surgical needs of the inhabitants of the State.

For several years the need for a Society composed of surgeons ethical in professional deportment, qualified in professional skill, and confined to the practice of general surgery, has been recognized. Our hospital staff rooms were filled, on occasions, with discussions as to the merits of such a Society.

It remained for Dr. Orland F. Smith and Dr. Jesse P. Eddy to pave the way. At considerable expense to these two men in time, energy, and fmance, the Chiefs of the Surgical Departments of the various hospitals in greater Providence were called in meeting at the Hope Club for the organization of a Surgical Society. Thus the Providence Surgical Society came into being and was incorporated under the State Laws, November 29, 1949.

We realize, for the first time, the difficulties encountered by the obstetrician. We hope that what tears we have accumulated in the process of delivering this Society into your hands may easily be sutured and with minimal scarring. Membership may be readjusted. Qualified surgeons unfortunately overlooked, or immature at the present time, will have ample opportunity for future consideration.

## Duffy My Druggist

Plainfield St. at Laurel Hill Ave., Providence, R. I.

Reliable Prescription Service Since 1922

### Curran & Burton, Inc.

GENERAL MOTORS HEATING EQUIPMENT

COAL

OIL

TURKS HEAD BUILDING, PROVIDENCE

GASpee 8123

to L

or ars of

er-

W.

nat

ge ry,

in

int si-

ces

of

m-

rted

g-

on

)r.

ole

nd

of ere

a-

ice

19.

n-

at

er-

be

ip

nt n-

# ואווונו נוטובו ער שומוומניו וישבים

### A Major Advance in Peptic Ulcer Therapy

the ganglions of both the sympathetic and parasympathetic systems and, in addition, at the postganglionic nerve endings of the parasympathetic system alone. Thus, the resulting therapeutic action is that of control of excessive parasympathetic stimuli effecting a consistent reduction of gastric hypermotility and, in most patients, a reduction in the hyperacidity which is commonly associated with peptic ulcer.

### **ADMINISTRATION**

Because of the prominence of emotional or situational stresses in the ulcer patient and because these stresses vary in each patient, it is necessary to adjust Banthine dosage to meet individual requirements. Initial dosage may be 50 or 100 mg. (one or two tablets) every six hours, day and night, with subsequent adjustment to the patient's needs and tolerance. In addition, the usual adjunctive measures of diet, rest and relaxation should be prescribed for at least the first few weeks of treatment.

It is important that the usual high night secretions be controlled. To this end it is recommended that the night dose be taken six hours prior to the usual time of arising. Further, after the ulcer is healed, it is important that the patient be placed on a maintenance dosage schedule if he is to have a reasonable assurance of nonrecurrence. The maintenance dosage may well be approximately one-half the therapeutic dose and no evidence of chronic toxicity has been observed in maintenance dosage although this experience covers only a period of sixteen months.

Patients may report dryness of the mouth, mild degrees of blurring of vision, slight difficulty of urination or gastric fulness; these symptoms usually decrease or disappear on continued medication but if they are severe they may require dosage adjustment. Untoward reactions with Banthine therapy have not been encountered.

More complete suggestions for Banthine administration are available to the medical profession in Searle Reference Manual No. 40.

Banthine is a product of Searle research. G. D. Searle & Co., Chicago 80, Illinois.

### REFERENCES

- Longino, F. H.; Grimson, K. S.; Chittum, J. R., and Metcalf, B. H.: An Orally Effective Quaternary Amine, Banthine, Capable of Reducing Gastric Motility and Secretions, Gastroenterology 14:301 (Feb.) 1950.
- 2. Grimson, K. S., and Lyons, C. K.: Scientific Exhibit at the American Academy of General Practice,
- St. Louis, Feb. 20-23, 1950.
- 3. Grollman, A.: Pharmacology and Therapeutics,
- ed. 14, Philadelphia, Lea & Febiger, in press.
- 4. Dragstedt, L. R.: Personal communication, March 23, 1950.
- 5. Collins, E. N.: Personal communication, March 28, 1950.

### DISTRICT MEDICAL SOCIETY MEETINGS

### NEWPORT COUNTY MEDICAL SOCIETY

Meeting called to order by President Henry Brownell at 9:00 p. m. on March 28, 1950.

Capt. Griffin Bullwinkel, MC., USN presented a paper and showed movies relating to the medical problems of atomic radiation in wartime.

An application from Dr. Anthony Caputi for admission to this society was read and referred to the censors.

New application form for admission to county society was approved.

The old constitution and by-laws of the Newport County Medical Society which were presented in condensed form were rejected on motion of Dr. Samuel Adelson and sent back to committee for further study. Dr. Norbert Zielinski made a motion which was seconded that Dr. Adelson be appointed a committee of one to revise the by-laws. Dr. Brownell did not call a vote on this motion.

Dr. Adelson was requested by the president to seek legal advice concerning the problems of incorporating this society.

This society decided that at present there is no need in Newport for a committee on Hospitals and professional relations.

New member Dr. John Carey was welcomed to the society.

Meeting closed at 11:00 p. m. Collation followed. Respectfully submitted,

M. OSMOND GRIMES, M.D.

### BRISTOL COUNTY MEDICAL ASSOCIATION

The monthly meeting of the Bristol County Medical Association was held April 18, 1950 at 9:00 p. m. in the Rockwell House, Bristol, R. I.

A letter received by the President from the Warren District Nursing Association asking the medical profession to endorse the campaign for chest x-ray from May 9, to May 20, was read and approved.

The matter of Public Relations was discussed and the members present acted as a committee to inaugurate a rotating responsibility on the part of each doctor to answer emergency calls on Sunday and Holidays during the summer months. Each doctor is to have a definite date as to when he should answer calls if the family physician is not available.

The list of those on call is to be posted so that each doctor may know his date in advance. Also the name of the doctor to be on call for each Sunday is to be published in the daily journal on Friday of each week.

Correspondence from the Judiciary Committee was discussed and endorsed.

At 10:00 p. m. the business meeting was adjourned and a scientific paper was presented by Dr. Frederick H. Stephens on Diseases of the Eye. Dr. Stephens considered in turn the following:

A.

- 1. Headache—caused by eyes or brain tumor.
- Age factor on the type of conditions requiring eye attention. From childhood to old age.
- 3. Occupational eve diseases, strain, injuries.
- Visual field examination in routine office work.

B. Children's eves.

- 1. Vision of each eye tested by Snellen charts.
- 2. Hyperoplia and myopia.
- Muscle balance and the difficulty it represents in children.

C. Social Problems.

- Personality of individual as affected by the eyes
- 2. Deficiencies and delays in the development of the opening of the naso-lacrymal duct.
- D. Other diseases mentioned were conjunctivitis, sty, chalazion, iritis, glaucoma, diabetic retinitis, etc.

Slides were shown.

Respectfully submitted,
ARCADIE GIURA, M.D., Secretary

### PROVIDENCE MEDICAL ASSOCIATION

A regular meeting of the Providence Medical Association was held at the Rhode Island Medical Society Library on Monday, May 1, 1950. The meeting was called to order by Vice President, Dr. Frank W. Dimmitt at 8:35 p. m.

The Secretary read the minutes of the previous meeting which were approved as read. The Secretary reported that at a recent meeting of the Executive Committee the following were among the actions taken:

continued on page 320

TT

ach the day of ttee ad-Dr.

or.

iirold

rts.

re-

the

ent

iv-

tic

ry

cal cal he

Dr.

ecthe ong



### A POSITIVE MEANS OF

# Promoting Nutritional Adequacy

Whenever the need for dietary supplementation arises—as in anorexia, perverted food habits, during and following illness, and in gastrointestinal disease—the regular use of Ovaltine in milk can be of signal value. Taken daily, this well-rounded multiple dietary supplement gives virtual assurance of nutritional adequacy.

As indicated in the table, Ovaltine in milk provides virtually all essential

nutrients in balanced, generous amounts. Its protein is biologically complete. It supplies not only B complex vitamins, but also vitamins A and D as well as ascorbic acid and essential minerals.

The delightful taste and easy digestibility of this food beverage is relished by patients, hence the recommended three glassfuls daily are taken without resistance.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



# Ovaltine

Three servings of Ovaltine, each made of 1/2 oz. of Ovaltine and 8 oz. of whole milk,\* provide:

/2 02. 01	Otomine	4114		.,	ρ.	•,,,	••
PROTEIN	3	32 Gm.	VITAMIN A .				.3000 I.U.
FAT	3	32 Gm.					
CARBOHYDRATE.	(	65 Gm.	RIBOFLAVIN				. 2.0 mg.
CALCIUM	1.1		NIACIN				
PHOSPHORUS			VITAMIN C .				
IRON			VITAMIN D .				
CUBBED	n	5 ma	CALORIES				676

\*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

### PROVIDENCE MEDICAL ASSOCIATION continued from page 318

- The Treasurer's report was accepted, and the Committee authorized the Treasurer to utilize Association funds as needed towards the cost of the installation of the heating system for the Medical Bureau, with the understanding that the Bureau will ultimately refund the money expended.
- An appropriation of \$150 was made to the Committee on Entertainment for use in connection with the annual dinner and golf tournament to be held in September.
- The President was authorized to name a committee to consider revisions of the by-laws relative to Associate membership.
- The President was authorized to appoint a Committee on Professional Relations and Hospitals, as requested by the State Society.
- The President was authorized to appoint a committee of three as a Disaster Planning Committee to cooperate with a similar committee of the State Medical Society.

Dr. Dimmitt reported that a committee of Dr. Herbert C. Partridge and Dr. Elihu S. Wing had prepared the Association's tribute to the late Dr. Pearl Williams, and that the committee consisting of Dr. Francis V. Corrigan and Dr. Frank A. Merlino had prepared the Association's tribute to the late Dr. Alan E. O'Donnell, and these tributes will be placed on permanent file and a copy sent to the respective families.

The Secretary reported that the Executive Committee had revised applications for active membership in the Association and that it recommends the election of the following physicians:

John J. Bandeian, M.D.
Bertram H. Buxton, Jr., M.D.
Arthur J. Clarkin, M.D.
Calvin M. Gordon, M.D.
Louis E. Reik, M.D.
James J. Scanlan, M.D.
Maurice L. Silver, M.D.

IN MOUNT PLEASANT IT'S . . .

# Butterfield's DRUG STORE

Corner Chalkstone & Academy Aves.

ELMHURST 1-1957

It was moved that the physicians nominated by the Executive Committee be elected to active membership. The motion was seconded and unanimously adopted.

Dr. Dimmitt called upon Dr. Charles L. Farrell, Chairman of the Committee on Public Policy and Relations of the Rhode Island Medical Society who spoke briefly on the work of his committee and displayed various media utilized in the public education campaign nationally and locally.

The first speaker of the evening was Dr. Charles E. Millard, of Warren, President, Rhode Island Academy of General Practice, who spoke on "Problems of the General Practitioner, and their Solutions."

tie

D

of

co

of

6tl

fre

in

Dr. Millard stated that the problem of restoring the family physician is a pressing one. The family physician is the greatest bulwark we have against socialized medicine. By elevating the status of these men we elevate the status of the profession as a whole

Eighty per cent of the practice of medicine is in the hands of the general practitioners. His importance is therefore self evident, and we should do all in our power to improve the competence and capability of the general practitioner.

There are many factors that are depleting the general practitioner. 1. Medical schools and hospitals do not train general practitioners. 2. Hospitals are training men only for the specialty boards. Because of this there is very little inducement for the students to go into general practice because they cannot get hospital appointment.

The Board of Trustees of the American Medical Association in 1946 passed a resolution that hospitals be encouraged to establish general practitioner services and that hospital staff appointments should depend on the qualifications of the physicians and not on board certification. Practically the same resolution was passed by the Council on Hospitals.

Barring the general practitioner from hospitals decreases the inclination of men to do general practice, and also renders the general practice stagnant. As the specialties multiply and become more complex, there is an increased need for well-trained general practitioners who know the family background of the patient.

The only way to reverse this trend is to make better general practitioners. The objective of the American Academy of General Practice is to

- Organize the general practitioner to maintain high standards.
- Assist young men to practice general medicine.
- 3. Retain the right to practice in hospitals.
- Assist in providing postgraduate course to general practitioners.

  continued on page 323

L

by

111-

15-

ell,

nd

ety

nd

lu-

les

nd

B-

EIR

ing

ily

nst

ese

s a

m-

uld

ind

the osals Bethe ney

os-

ctints

vsi-

the on

tals

ac-

mt. m-

ned ick-

ake the

tain

edi-

323

### PROVIDENCE MEDICAL ASSOCIATION continued from page 320

5. Preserve the right of free choice of physicians.

This organization now has 15,000 members. To maintain membership, a member must put in 150 hours a year in postgraduate work of which 100 hours is composed of attendance at meetings.

There are now 837 hospitals in the United States that have general practice sections, over 60 institutions in the United States give general practice courses.

Dr. Dimmitt introduced the second speaker of the evening, Dr. Hannibal Hamlin, Assistant Surgeon, Department of Neurosurgery, Rhode Island Hospital, who spoke on "VASCULAR LESIONS OF THE BRAIN. AND THEIR SURGICAL TREATMENT."

Dr. Hamlin states that a large proportion by far of vascular lesions of the brain are non surgical conditions. Attempts to tap subcortical collections of blood should be reserved for patients under the 6th decade and good surgical risks. Bleeders occurs from a defective vessel.

In thrombosis of cerebral vessels, if stellgate ganglion block is used early, we may get improvement by stopping the concomitant spasm of vessels in that area.

Vascular tumors are amenable to removal. Angiomata, hemangiomata, including the cavernous type, and many of the gliomas have an enormous proliferation of vessels and bleed in their own substance.

In aneurysm of the Circle of Willis, the first symptom is bleeding. These patients are usually in the 2nd to 4th decade. Recurrence of hemorrhage is the rule. Many of the early attacks are diagnosed migraine since they bring on periorbital headaches. 8 per cent die in the first attack.

Arteriography is now a routine technique and is preferred to ventriculography. Arteriography of the internal carotid and carotid ligation is used in the treatment of this aneurysm. Either the internal or common carotid. Care must be taken not to reduce the pressure of the carotid to less than 50 per cent or thrombosis may occur.

He then showed numerous arteriograms with case histories. Some were treated by clipping vessels through a craniotomy wound. Some furthermore are being extirpated.

The meeting adjourned at 10:30 p. m. Collation was served. Attendance 86.

Respectfully submitted, DANIEL V. TROPPOLI, M.D., Secretary

# It fills the need . . . FOR A SOFT CURD MILK

Proper homogenization produces a very low-tension curd and at no sacrifice of the milk's normal calcium and phosphorus.

- For a milk acceptable to finnicky digestive systems . . .
- For a key food for expectant and nursing mothers . . .
- For the most important item in infant feeding . . .
- For a war-time replacement food as well as a basic food . . .

PRESCRIBE

GRADE A HOMOGENIZED MILK

Produced by

### A. B. Munroe Dairy

Established 1881

102 Summit Street, East Providence, R. I., Telephone East Providence 2091

### WOMAN'S AUXILIARY

### to the

### RHODE ISLAND MEDICAL SOCIETY

Report of Annual Meeting, May 10, 1950

THE fourth Annual Luncheon Meeting of the Woman's Auxiliary to the R. I. Medical Society was held Wednesday, May 10, 1950 at 12:15 in Rumford at the Agawam Hunt Club. There were 148 members present.

The President, Mrs. William Newton Hughes, welcomed the members and guests.

Between courses of the luncheon the following people were introduced: Mrs. John S. Wheeler, President of the Woman's Auxiliary to the New Hampshire Medical Society, who spoke on the work they are doing in New Hampshire. Their special project has been to make a chart of health services available to the public.

Mrs. W. E. Wight, President of the Woman's Auxiliary to the Connecticut Medical Society, told of the special work they had done to increase the number of students enrolling in nursing. They had formed a speaker's bureau to review, for the students, the three nursing programs available in Connecticut.

Dr. Peter Pineo Chase, President of the R. I. Medical Society, brought greetings from the Medical Society and congratulations for the work that has been done this year by the Auxiliary.

Mrs. Hughes then presented the other guests at the head table: Mrs. Herbert E. Harris, first president; Mrs. Ralph L. Gilman, past president of the Woman's Auxiliary to the Connecticut Medical Society; Mrs. Peter Pineo Chase, wife of the President of the R. I. Medical Society; and Mrs. J. Murray Beardsley, past president. Mrs. John E. Farrell, wife of the Executive Secretary to the R. I. Medical Society, was introduced. Mrs. William P. Davis, Chairman of the Program Committee, and Mrs. Bertram H. Buxton, Chairman of the Hospitality Committee, were introduced and were given a rising vote of thanks for their work in planning the luncheon meeting today.

Our guest speaker, Mr. Thomas A. Hendricks, Secretary of the Council on Medical Service of the American Medical Association, spoke on the place of the Woman's Auxiliary in community leadership. First, he gave a test of 10 questions. In answering them, each member could gauge how

much she was doing in the community as a citizen and voter and member of the Auxiliary.

ch

Se

th

H

ac

A

Se

El

ele

off

per

the

He said that it was important to get into other organizations and encourage them to pass resolutions against government control.

He suggested that we sponsor a "National Community Health Inventory Day" with a general meeting of health organizations. This would show the people the services available to them.

A rising vote of thanks was given to Mr. Hendricks for his stimulating address.

### Business Meeting

The President then called the fourth Annual business meeting to order.

The Secretary's report of the previous meeting was approved as read.

The Secretary's annual report was read. Mrs. James P. O'Brien moved that the report be accepted and placed on file. The motion was seconded by Mrs. Peter Pineo Chase. The motion was carried.

The Treasurer, Mrs. Stanley D. Davies, read the auditor's report carrying with it the Treasurer's annual report. The balance, as of April 30, 1950, was \$1592.30. A motion was made by Mrs. Jesse P. Eddy and seconded by Mrs. John Walsh that the auditor's report carrying with it the Treasurer's report be accepted. The motion was carried.

The Vice President took the chair while the President read her annual report. Mrs. Hughes told of her activities during the year and of the National and State meetings she had attended. She expressed her appreciation for the help that had been given her. A motion was made by Mrs. Herbert E. Harris and seconded by Mrs. John Walsh that this report be accepted. The motion was carried.

Mrs. Joseph C. Johnston, Vice President, gave her annual report. A motion was made by Mrs. Henry T. Hanley and seconded by Mrs. Bertram H. Buxton that this report be accepted. The motion was carried.

A mimeographed copy of the reports of the Chairman of Standing Committees had been put at each member's place at the table before the luncheon. Mrs. Hughes announced that these re-

ports were read at the last Board meeting and it was recommended by the Board that they be accepted. A motion to accept them as a unit was made by Mrs. Robert M. Lord and seconded by Mrs. Francis H. Chafee. The motion was carried.

The report of the Nurses' Scholarship Committee was read by Mrs. Henry E. Utter, Chairman. The Secretary read the recommendation of the Board that the report be accepted. A motion was made to that effect by Mrs. Robert M. Lord and seconded by Mrs. William P. Davis. The motion was carried.

Mrs. James P. O'Brien acting Chairman, read the report of the Revisions Committee suggesting changes in the Constitution and By-Laws. The Secretary read the recommendation of the Board that the changes be accepted. Mrs. Herbert E. Harris moved that the following revisions be accepted:

### Constitution

Article VI - General Officers

Section 2 — The Vice President, the President-Elect, the Secretary and the Treasurer shall be elected annually by the Convention and shall assume office at the close of the Convention at which they were elected and shall serve until the corresponding period of one year hence or until their successors are elected and installed, provided, however, that the President shall not serve for a longer period than one year except in case of an emergency so determined by the Advisory Council of this Auxiliary.

Here we have deleted the word President and added the words *President-Elect* since the President-Elect will automatically become President.

Section 2 (a) — The President-Elect on the expiration of her elective term as such shall serve as President for the succeeding term.

### By-Laws

Chapter III — Duties of General Officers

Section 3 (a) — The President-Elect shall assume the duties of the Vice President in case of the latter's absence, shall attend all board meetings for one year and shall automatically become President at the next election.

Chapter IV — Standing Committee and Their Duties

Section 1 — Add 7. Hospitality Committee ADD

Section 11 — The Hospitality Committee shall consist of a chairman and at least one member from each of the medical districts. The duties of this committee shall be to act as hostesses and to plan for a social hour at any given meeting and thereby increase friendly relations among the members.

continued on next page



her oluomeetthe

zen

TT

Ars.
oted
by
ried.
read

ıual

er's 950, esse that er's

the She had Heralsh was

ghes

Mrs. cram mo-

put the re-

the

Chapter VII — Dues

Section 1 (a) — A person will be considered an active member in the organization for the ensuing year unless a written resignation is received by the Treasurer on or before February 15.

Section 4 — Between March 1 and March 15, the Treasurer shall transmit to the Treasurer of the Woman's Auxiliary to the American Medical Association, of which this Auxiliary is a constituent society, the dues required for each of its members for the coming year. We deleted the words "amount to 25¢." We used the word "required" rather than the present assessment of \$1.00 since this amount may change from time to time.

The motion to accept these revisions was seconded by Mrs. Bertram H. Buxton. The motion was carried.

IN WOONSOCKET IT'S . . .

### Joseph Brown Company

Specializing in Prescriptions and Surgical Fittings

EIGHT REGISTERED PHARMACISTS

188 Main Street Woonsocket, R. I. "If It's from Brown's, It's All Right"

The President announced the Tellers. They passed out the ballots for the election of the Nominating Committee members and the Delegates to the American Medical Convention. They were as follows: Mrs. Herman Lawson, Chairman, Mrs. Robert T. Baldridge, Mrs. Kenneth Burton, Mrs. Ralph DiLeone, Mrs. Parker Mills, Mrs. Thomas Perry, Jr., and Mrs. Harold W. Williams. There was a recess for voting—the results of which will be announced in the Medical Journal.

Mrs. Lorenzo Emidy, Chairman of the Nominating Committee read the report of her committee suggesting the following slate of officers.

### OFFICERS

President	Mrs. Charles L. Farrell
President-Elect	Mrs. Joseph C. Johnston
Vice President	Mrs. Henry S. Utter
Secretary	Mrs. Edward V. Famiglietti
Treasurer	Mrs. Stanley D. Davies

### BOARD OF DIRECTORS

Providence	Mrs. Francis H. Chafee
Pawtucket	Mrs. J. Lincoln Turner
Newport	Mrs. Frank J. Logler
Kent	Mrs. Arthur Hardy
Bristol	Mrs. Charles E. Millard
Woonsocket	Mrs. H. Lorenzo Emidy
Washington	Mrs. William H. Tully, Jr.

Since there were no further nominations a motion was made by Mrs. Peter Pineo Chase and seconded by Mrs. J. Murray Beardsley that the nominations be closed and the Secretary cast one ballot to elect the slate of officers. The motion was carried.

The President, Mrs. William Newton Hughes, then thanked everyone for his help and cooperation and presented the gavel to Mrs. Charles E. Farrell. Mrs. Guy Wells proposed a rising vote of thanks to Mrs. Hughes for her splendid work as President this year.

Since there was no further business, a motion was made by Mrs. Henry E. Utter and seconded by Mrs. Francis H. Chafee that the meeting be adjourned. Respectfully submitted.

ISABELLE B. FAMIGLIETTI, Secretary

### IN PAWTUCKET IT'S . . .

### J. E. BRENNAN & COMPANY

Leo C. Clark, Jr., B.S., Reg. Pharm.

### Apothecaries

5 North Union Street Pawtucket, R. I.
SHELDON BUILDING

7 Registered Pharmacists



CORONARY
DILATION...the basic approach

To improve and strengthen the action of the failing heart through dilating the coronary arteries and to reduce the energy requirements of the heart by mid sedation, are widely desired treatment aims. A great host of physicians recognize theobromine and the sedative, phenobarbital, as admirably suited to these requirements.

Abundant evidence exists that theobromine dilates the coronary arteries. Theobromine also provides safe myocardial stimulation and diuresis. TCS offers the excellent theobromine salicylate, highly efficient because of its extremely high intestinal solubility and absorbability, and uniformly well tolerated because of calcium salicylate, which reduces the gastric solubility of theobromine salicylate.

DSSAGE: One to two tablets 3 to 4 times daily. Reduce with improvement.

SUPPLY: In bottles of 50 and 250 tablets. Each TCS Tablet supplies 6 gr. theobromine salicylate, 1 gr. calcium salicylate and ¼ gr. phenobarbital.



WILLIAM P. POYTHRESS & CO., INC., RICHMOND, VA.

They lom-

Mrs. Mrs. omas here will

inatittee

onton Utter glietti avies

nafee urner ogler lardy illard midy y, Jr.

and t the t one n was

ghes, ration arrell. aks to sident

notion onded ong be

Y

. I.

fi U P P

H

W

of

M

in

of

and

val

mu

call

Sor

equ

Wa

Dr.

his

has

in t

holi

to h

doct

on c

May

June

July

Aug.

Sept.

T

P

### MEDICAL LIBRARY NEWS

### LIBRARY SUMMER HOURS

During the summer months the Medical Library will operate on the following time schedule:

### JUNE and JULY

OPEN DAILY (except Saturdays and holidays) 9 a.m. to 5 p.m.

CLOSED ALL DAY SATURDAY, and EVENINGS

### AUGUST

OPEN DAILY (except Saturdays)

9 a.m. to 1 p.m.

CLOSED ALL DAY SATURDAY, and EVENINGS

### RECENT ACCESSIONS TO THE LIBRARY

### DAVENPORT COLLECTION

Merrill Moore—Clinical Sonnets, N. Y., 1949 William Carlos Williams—Paterson (Book Three)

"The Library". N. Y., 1949

GENERAL COLLECTION

Lester F. Beck—Human Growth. N. Y., 1949

Charles H. Best and Norman B. Taylor—Physiological Basis of Medical Practice. 5th ed. Balt., 1950

Abraham Cantarow and Max Trumper—Clinical Biochemistry, 4th ed. Phil., 1949

Collected Reprints of the Department of Ophthalmology, West China University College of Medicine and Dentistry, 1938-1945. Gift of the University.

Collected Reprints of the Grantees of the National Foundation for Infantile Paralysis, vols. IXA and IXB, 1948. N. Y., 1949. Gift of the Foundation.

Collected Reprints from the Wilmer Ophthalmological Institute of the Johns Hopkins University and Hospital, vol. IX, January 1948-June 1949. Balt., 1949. Gift of the Institute.

William Dock and I. Snapper, editors—Advances in Internal Medicine, vol. III, 1949. N. Y., 1949 Rene J. Dubos—Louis Pasteur. Bost., 1950. Gift

of Doctor Peter Pineo Chase.

Jacob Fine—Care of the Surgical Patient. Phil., 1949

H. W. Florey and others—Antibiotics. 2 vols. Lond., 1949 Charles K. Friedberg—Diseases of the Heart. Phil., 1949

R. Max Goepp and Harrison F. Flippin—Medical State Board Questions and Answers. 8th ed. Phil., 1950

Benjamin L. Gordon--Medicine Throughout Antiquity. Phil., 1949

Maurice B. Gordon—Aesculapius Comes to the Colonies. Ventnor, N. J., 1949

Emil D. W. Hauser—Diseases of the Foot. 2nd ed. Phil., 1950

Frederick Hollick—The Male Generative Organs. N. Y., 1849. Gift of Doctor Louisa Paine Tingley. Dorothy Ketcham—Michigan Hospital Handbook. Ann Arbor, 1940

Charles Mazer and S. Leon Israel—Diagnosis and Treatment of Menstrual Disorders and Sterility. 2nd ed. N. Y., 1947

Webster Merritt—A Century of Medicine in Jacksonville and Duval County. Gainesville, 1949. Gift of Mr. John E. Farrell.

Waldo E. Nelson, editor—Mitchell-Nelson Textbook of Pediatrics. 5th ed. Phil., 1950

L. H. Newburgh—Physiology of Heat Regulation and the Science of Clothing. Phil., 1949

I. H. Rubenstein—A Treatise on Contemporary Religious Jurisprudence. Chic., 1949. Gift of the Author.

Louis H. Sigler—Cardiovascular Disease. N. Y., 1949

Edward J. Stieglitz—Geriatric Medicine. 2nd ed. Phil., 1949

Edward Weiss and O. Spurgeon English—Psychosomatic Medicine. 2nd ed. Phil., 1949

Louis Wolff—Electrocardiography. Phil., 1950 Transactions of the Association of American Physicians, vol. 62, 1949. Gift of the Association. The 1949 Year Book of Drug Therapy. Edited by Harry Beckman. Chic., 1950

The 1949 Year Book of General Surgery. Edited by Evarts A. Graham. Chic., 1949

### GIFTS

Many gifts of books, journals and reprints were received. The following members contributed items: Doctors Beck, Burgess, Chase, Corrigan, Deery, DeWolf, Harvey, Kramer, Putnam, Joseph Smith, Thewlis and Tingley. Other gifts were presented by: Mr. John E. Farrell, Doctor Louis

TT

hil.,

ical

ed.

An-

the

2nd

ans.

ley.

ok.

and

lity.

ıck-

949.

ext-

tion

ary

of

Y.,

ed.

cho-O Chy-

on. I by

ited

ited (an,

eph ore-

ouis

WILLIAM III LIMINALI IIASIAI

Pomiansky, and Mrs. Eugenia A. Walsh (10 volumes of the American Journal of Nursing) and from the American Cancer Society, the Brown University Library, Peters House Library, the Providence Lying-In Hospital, the Providence Public Library, the G. D. Searle Company and the State Hospital for Mental Diseases. The State Hospital gave us 283 volumes of journals many of which were needed to fill in gaps in our runs of periodicals devoted to psychiatry and neurology.

### BRISTOL COUNTY MEDICAL ASSOCIATION

At the May meeting of the Bristol County Medical Association held at the Martin Memorial Home, Warren on May 16, 1950, Dr. Wilson E. Hughes of Fall River discussed the subject of "NEWER MEDICINES IN PEDIATRICS."

His topic covered a wide range of remedies used in the treatment of children and infants. He spoke of clyses and its adjuvants, external applications, and internal administrations. He emphasized the value of each drug in its particular place, its optimum and its counter effect.

At the business meeting the subject of emergency calls for the summer season was again considered. Some associate members reported that they are not equipped to answer emergencies, so the men in Warren will cover the territory in the usual manner. Dr. Fletcher said that he would be glad to help, so his name appears on the holidays only. Dr. Leech has been cooperating by answering calls many times in the past. His name also appears on two of the holidays.

Primarily it is the duty of each doctor to answer to his own calls. If he is otherwise occupied, the doctor on call may help out.

The complete list of physicians who are to be on call is as follows:

	Bristol	Warren a	nd Barrington
May 30	Bruno	Creamer	Fletcher
June 4 11 18 25	Clark D'Angelo Holdsworth Serbst	Drew Forget Giura Lewis	
July 2 4 9 16 23 30	Bruno Clark D'Angelo Holdsworth Serbst Bruno	Millard Petrucci Creamer Drew Forget Giura	Leech Fletcher
Aug. 6 13 20 27 Sept. 3	Clark D'Angelo Holdsworth Serbst	Lewis Millard Petrucci Creamer	
orbit.	ELIDO	I Press	Leech

Respectfully submitted, ARCADIE GIURA, M.D., Secretary

### ATTENTION ...

# ALL FELLOWS of the RHODE ISLAND MEDICAL SOCIETY

A series of lectures on

"THE DIAGNOSIS and TREATMENT OF HEART DISEASE"

On six successive Monday evenings:

SEPTEMBER 18 AND 25

**OCTOBER 2, 9, 16 and 23** 

At the
RHODE ISLAND
MEDICAL SOCIETY LIBRARY

(Speakers will be announced later.

Check these dates NOW!)

Lectures under the auspices of the COMMITTEE ON POSTGRADUATE EDUCATION of the Rhode Island Medical Society as a part of The Rhode Island Heart Diseases Control Program.

SD

th

ço

is

an

of

ve

ha

int

sel

thi

pet

tex

pla

fro

bef

nes

### **BOOK REVIEWS**

PROCTOLOGY IN GENERAL PRACTICE. By J. Peerman Nesselrod, M.D., 276 pages with 64 illustrations, W. B. Saunders Company, Philadelphia, London, 1950. Price \$6.00.

In reviewing this book, the first thing that is apparent to the reader is the experience and knowledge of the author, and his ability to convey the manner in which diagnostic and operative proctologic procedures can be accomplished in a simplified, yet thorough manner.

The book is divided into fifteen chapters and is packed with information of value to the busy practitioner and yet is concise. The author outlines accepted specific therapy and offers alternate measures when differences of medical opinion exist.

Deserving of special commendation is the author's enthusiasm in encouraging the use of the proctoscope in routine physical examination of the terminal bowel. His enthusiasm is paralleled with a word of caution on perforations of the bowel during this diagnostic procedure. He clearly enumerates seven diagnostic points of recognition of this serious yet avoidable accident.

Although the illustrations are excellent, understandingly I must express my disappointment that more colored, true to life illustrations were not included, since Doctor Nesselrod is a pioneer in proctoscopic photography and with Doctor Buie who presents the foreword to this volume, have an excellent library of colored photographic proctologic pathology.

For the general practitioner and the neophyte proctologist this is a valuable book. All in all, this book aids in a better understanding with a resultant better management of proctologic problems.

THAD. A. KROLICKI, M.D.

MEDICAL GYNECOLOGY, by James C. Janney, M.D., F.A.C.S. W. B. Saunders Company, Philadelphia, Pa. Second Edition, 1950, \$6.50.

The second edition of this text follows the general scheme of the first edition but more space is accorded the use of the newer drugs and endocrine therapy. It is generously illustrated and very readable throughout its 432 pages.

The author divides this text into six general sections dealing with History and Physical Examination, Patient's Complaint, Physical Findings, Test and Special Examination, Gynecologic Treatments, and Socio-Medical Problems. Each chapter dealing with the patient's symptoms and the physical findings also includes a valuable table referable to the important factors in differential diagnosis.

As the title implies no effort is made to describe operative procedures, but considerable space is devoted to the management of office and out-patient problems.

The author also presents a very understanding and scientific approach to the psycho-sexual side of marriage and other controversial Socio-Medical problems.

In all, this volume represents a compilation of the author's gynecological lecture series, and is intended as a reference and review volume for general practitioners; however because of his concise method of presentation, and tables of differential diagnosis I believe that this text will also be important to the specialist in gynecology.

HENRY C. McDuff, Jr., M.D.

CURRENT THERAPY—1950. Edited by Howard F. Conn and others. W. B. Saunders Co., Phil., 1950. \$10.00.

Many aspects of current medical treatment change as rapidly as the New England weather. It is to the credit of Dr. Howard F. Conn and his two hundred fifty eminent contributors that they are abreast of these changes in their new text, "Current Therapy-1950", and that they have covered this changing subject completely, intelligently, concisely and clearly. This summary of current information on treatment of everything from absinthe poisoning to yellow fever accomplishes this mission without strain or pain to the inquiring reader. It is divided into fifteen sections covering all systems and types of diseases. Controversial subjects are discussed by two or more authorities usually from different medical centers in different parts of the country who represent different methods of approach in the treatment of the same disease-for instance, the treatment of the Common Cold is considered by Dr. Yale Kneeland, Jr. of Columbia University and Dr. Clayton G. Loosli of the University of Chicago. In this way the reader has the benefit of different experience and thinking on the one subject and can take his choice.

er

be

is

nt

ng

de al

he

n-

al

ial

r-

D.

It his ey xt, ve elof ng

ers ent of of eeon his eriWHILL WELL IN THE PRINCE IN THE PARTY OF

There is excellent coverage of new drugs and methods of treatment (such as the results of the surgical treatment of hypertension, written by Dr. Smithwick of Boston). Etamon, Dolophine, Dramamine, Eprolin, Pentaquin, Chloraquin and the various combinations of sulfonamide drugs are only a few of the new agents which are discussed with authority. Aureomycin and Chloromycetin (Chloramphenicol) receive due mention and are considered as authoritatively and as completely as is possible at this time considering their newness and our knowledge of their potentialities. The uses of Penicillin are now definite since this antibiotic is beginning to stand on its own two feet after some years of wide usage in many different diseases. One has the feeling that at last enough of it has been intelligently used so that now the authorities themselves feel secure in recommending the indications and the dosages. It will be ten more years before this situation comes to pass for the newer therapeutic molds, however, and anyone who goes to a textbook in 1950 for this information instead of to the new recent medical journals is foolish.

The composition, printing, paper and general plan of "Current Therapy—1950" are as modern as the text, and pleasing and efficient—a far cry from the dry and dull textbook arrangements of before World War II.

But after all, medical therapy is really the business of the practicing physician and not completely

that of the teacher and scientist who is perhaps more concerned with diagnosis. Some day, perhaps, a volume of medical therapy will be written by busy general practitioners and specialists of many years' experience who are engaged in active practice in cooperation with the physicians in teaching and research. This would be the perfect text for it would contain the worth of factual knowledge and the charm and penetration of experience—reality of the test tube and the comfort of the bedside manner. Until that golden day this red hot and recent volume—"Current Therapy—1950"—will meet the need admirably and the yearly revisions will keep it up to date.

J. A. D

# CHECK THE DATE - - WEDNESDAY, SEPTEMBER 6 GOLF TOURNAMENT and ANNUAL DINNER of the PROVIDENCE MEDICAL ASSOCIATION

(details later)

### INDEX OF ADVERTISERS

	PAGE
Abbott Laboratories	276
E. P. Anthony	308
Ayerst, McKenna & Harrison	281
Blanding & Blanding	310
J. E. Brennan Company	326
Brewer, Inc.	280
Joseph Brown	326
Buttersfield's Drugstore	320
Camel Cigarettes	282
Ciba Pharmaceutical Corporation	275
Coca-Cola	325
Curran & Burton	314
Desitin Chemical Company	278
Duffy My Druggist	314
Fellows Medical Mfg. Co.	286
Eli Lilly insert between	en 286-287
McCaffrey, Inc.	310
Maltbie Laboratories	313
S. E. Massengill	277

	PAGE
Mead Johnson Back	
Medical Milk	
Merck & Company	
Meredith & Clarke	
Philip Morris	274
Munroe Dairy	323
Parke Davis inside front cover ar	nd 273
Chas. Pfizer & Co., Inc	3, 304
Physicians Directory	cover
Wm. P. Poythress Company	327
Schering Corporation	309
G. D. Searle	6, 317
Smith-Holden	300
Smith, Kline & French Labs,	315
E. R. Squibb	4, 285
Upjohn Company	
U. S. Vitamin Corporation	
Wander Company	
Warwick Club Beveragesinside back	
Winthrop Stearns, Inc.	

### ANESTHESIOLOGY

EDWARD DAMARJIAN, M.D. 124 Waterman St., Providence 6 **GAspee 1-1808** Nerve Block Diagnostic and Therapeutic

Intra-venous procain therapy in arthritis and muscular spasms.

### SAMUEL PRITZKER, M.D.

Practice limited to anesthesiology 179 Wheeler Avenue, Providence 5, R. I. Telephone: { {WIlliams 1-7373 UNion 1-0070

### CARDIOLOGY

CLIFTON B. LEECH, M.D.

(Diplomate of American Board of Internal Medicine; Internal Medicine and Cardiovascular Disease) Practice limited to diseases of the heart and cardiovascular system.

82 Waterman Street, Providence OFFICE: Gaspee 1-5171 RESIDENCE: Warren 1-1191 Hours by Appointment

### DERMATOLOGY

WILLIAM B. COHEN, M.D.

Practice limited to Dermatology and Syphilology Hours 2-4 and by appointment - GA 1-0843 105 Waterman Street Providence, R. I.

F. RONCHESE, M.D.

Practice limited to Dermatology and Syphilology Hours by appointment. Phone GA 1-3004 170 Waterman St. Providence 6, R. I.

VINCENT J. RYAN, M.D.

Practice limited to Dermatology and Syphilology Hours by appointment Call GA 1-4313 198 Angell Street, Providence, R. I.

BENCEL L. SCHIFF, M.D.

Practice limited to Dermatology and Syphilology HOURS BY APPOINTMENT Pawtucket 5-3175 251 Broadway, Pawtucket, Rhode Island

### DERMATOLOGY

ARTHUR B. KERN, M.D.

Practice Limited to Dermatology and Syphilology Hours by appointment • Phone DE 1-6183 247 Waterman Street Providence 6, R. I.

MALCOLM WINKLER, M.D.

Practice limited to Dermatology and Syphilology Hours by appointment Call DExter 1-0105 199 Thayer Street, Providence, R. I.

### EYE, EAR, NOSE AND THROAT

NATHAN A. BOLOTOW, M.D.

Ear, Nose and Throat Otorhinologic Plastic Surgery Hours by appointment **GAspee 1-5387** 126 Waterman Street Providence 6, R. I.

> FRANCIS L. BURNS, M.D. Ear, Nose and Throat Office Hours by appointment

382 Broad Street

Providence

JAMES H. COX, M.D. Practice Limited to Diseases of the Eye By Appointment 141 Waterman Street Providence 6, R. I. GAspee 1-6336

JOS. L. DOWLING, M.D. Practice limited to Diseases of the Eve 57 Jackson Street Providence, R. I. 1-4 and by appointment

HERMAN P. GROSSMAN, M.D. Practice limited to Diseases of the Eye By appointment 210 Angell Street Providence 6, R. I. **DExter 1-2433** 

RAYMOND F. HACKING, M.D.

Practice limited to Diseases of the Eye 105 Waterman Street Providence 6, R. I.

The 1	RHODE ISLAND A	MEDICAL JOURNAL
Editor	ial and Business Office: 106 Fr	rancis Street, Providence, R. I.
	Editor-in-Chief: Peter F Managing Editor: Jos	
	Owned and Publishe THE RHODE ISLAND M	
E	ntered as second-class matter at the post Single copies, 25 cents Subs	
Vol. XXX	III, No. 7	July, 1950
	TABLE OF CO	ONTENTS
		PAGE
Diverticuli	tis and Cancer of the Colon, John	J. Morton, M.D
Industrial	Medicine and the Private Practition	ner, John J. Poutas, M.D 350
Problems o	f General Practice and their Soluti	ons, Charles E. Millard, M.D 354
	EDITORIA	ALS
Pollution		357
Doctors M	ast Vote	358
Annual R	ports	358
	nors	200
Charity a	Curse?"	358
	DEPARTME	ENTS
Annual Re	ports, 1949, The R. I. Medical Soc	iety 366
	-	Inside back cover
R. I. Medic	al Society Physicians Service, Repor	360
	MISCELLAN	FOLIS
	dvertisers	
Indon of		Society 353
	ievance Committee, K. I. Medical S	ociety 993
Medical G	b: Mrs. Charles L. Farrell and Mrs.	William N. Hughes 359

ALTERNATION TO VENEZIONE



ULCERS (decubitus, varicose, diobetic)

renew vitality of sluggish cells

stimulate healthy granulation

> accelerate smooth epithelization1 with

fe

tl

p w o

tl

printed by a carting as w

OINTMENT

the external cod liver oil therapy

PROTECTIVE . SOOTHING . HEALING

Desitin Ointment is a stable blend of crude cod livet oil (with unsaturated fatty acids and vitamins A and D in proper ratio for maximum efficacy), zincexide, talcum, petrolatum, and lanolin. Minimizes scarring; dressings easily applied and painlessly removed. Tubes of 1 ox., 2 oz., 4 oz., and 1, lb. jars.

Send for SAMPLES and new clinical reprint

1. Behrman, H. T., Combes, F. C., Bobrett, A., and Leviticus, R.: Industrial Med. & Surg. 18-512, 1949.



WWW CHEMICAL COMPANY 70 Ship Street, Providence, R. I.